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Foreign Limited Liability Company Aspire Hospitality, LLC

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APR 13 2015

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S. YOUNG

COVER LETTER

SUBJECT:	Aspire Hospitality, LLC				· · · · · · · · · · · · · · · · · · ·	
		Name of Limited	Liability Company			
The enclosed Existence, un	"Application by Foreign Lin d check are submitted to regi	nited Liability Compa ster the above referen	any for Authorizati aced foreign limite	on to Transact Business d liability company to tra	in Floridu," Certificati ansact business in Flor	e of rida,,
Please return	all correspondence concernit	ng this matter to the f	oilewing:			
	Linda Stauffer	·				
		Nai	ne of Person			
	CT - NRAI Houston					
		Fit	т/Сатрику			
	1021 Main Street, Suite	1150				
			Address			
	Housian, TX 77002					
		City/St	ite and Zip Code	- A STATE OF THE S	··· ·· ·	
	dreichen@dreichencpa.c					
	Е-т	ail address; (to be used	for future annual rep	ort notification)	500	
For further is	nformation concerning this ma	utter, please call:			5 	
Lie	du Stauffer		713	. 117-1794	100 B	-11
	Name of Contact	Person	Area Code	Daytime Telephone	Number	1
Ma	II INC ADDRESS:					11
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-	. Box 6327	Clifton [Building			
Tul	hhassee, FL 32314		ecutive Center Circ see, FL 32301	de	Em G	
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	s a check for the following the State of State o	ng amount: 0,00 Filing Fee &	. \$155.00 Filing	<u>-</u>	iling Fee. Certificate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Aspire (lospitality,		
(Name of F	oreign Limited Liability Company; must include "Limited Liability Company." L.L.C."	5) *1.1.(* **)
(If name unavailable, ente	er alternate name adopted for the purpose of transacting business in Plorida. The alternateC." or "LLC.")	name must include "Limited
2. Texas	q 45-4420750	
	law of which foreign limited liability (FEI number, if appli	cable)
4. \$/01/2014		
···	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	700
5. 108 Twin Oaks Bl	vd., Kemah, TX 77565	三三三三
	(Street Address of Principal Office)	
6. P.O. Box 1206, Ke	mah, TX 77565	
··· <u></u>		10 to
		<u> </u>
	(Mailing Address)	
7. The name, title	or capacity and address of the person(s) who has/have authority to	nanage is/are:
Priti Virani, Managin	g Member, PO Box 1206, Kemali, TX 77565	
Sammu Virani Mana	iging Member, PO Box 1206, Kemah, TX 77565	
Samuy vinus, Kum	Bing Member, 10 Box 12th, Remail, 17 7750.	
having custody of	riginal certificate of existence, no more than 90 days old, duly authorecords in the jurisdiction under the law of which it is organized. (A certificate is in a foreign language, a translation of the certificate und	photocopy is not
	PAlley	
(in accordance with section am aware that any false info	Signature of arrauthorized person 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties at performation submitted in a document to the Department of State constitutes a third degree follows as prov	ay that the facts stated begin are frue ided for m 5 817.155, F.S.)
	Priti Virani, Managing Member	
	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d). FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability C	Company is:	
Aspire Hospitali	ty, LLC		
It unavailable.	, the alternate to be used	in the state of Florida is:	
2. The name :	and the Florida street add	lress of the registered agent and office are:	
	NRAI Services, Inc.	(Name)	15 景
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)		15 5 E
	Plantation	FL 33324	PRISTAGE TO
		City/State/Zip	· · · · · · · · · · · · · · · · · · ·

Having been named as registered agent and to accept service of process for the above sained limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

NRAI Services, Inc.

(Signature) Linda Stauffer, Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (aptional) \$ 5.00 Certificate of Status (optional) Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



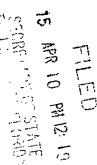
Carlos Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Aspire Hospitality, LLC (file number 801536731), a Domestic Limited Liability Company (LLC), was filed in this office on January 18, 2012.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 10, 2015.



Carlos Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.xos.state.tx.us/ Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 600958240006