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(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
Car				



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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporation	ons .	•			
SUBJECT: EH Tam	pa HI, LLC				
		ited Liability Company			
The enclosed "Application by Fo Existence, and check are submitted."	oreign Limited Liability Co ted to register the above re	mpany for Authorizat ferenced foreign limit	tion to Transact Business in F ed liability company to transa	lorida," Certificate to business in F	ate of lorida
Please return all correspondence	concerning this matter to t	he following:			
Terri S	mith				
		Name of Person			
Encore	Hospitality,	LLC			
		Firm/Company	·		
5005 L	BJ Freeway	, Suite 12	00	338 134 138	7
		Address			
Dallas,	TX 75244			438 438	
	City	/State and Zip Code		79 3	2 .
tsmith@	encore.bz .	/		<u></u>	
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be us	sed for future annual rep	ort notification)	S SEE	2
For further information concerni-	ng this matter, please call:			The Care	
Terri Smith	1	_{at} 214	259-7022		
Name	of Contact Person	Area Code	Daytime Telephone Num	ber	
MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	s Divisi Regist Clifto 2661	CET ADDRESS: ion of Corporations tration Section in Building Executive Center Circ lassee, FL 32301	cle		
Enclosed is a check for the	following amount:				
■ \$125.00 Filing Fee	☐ \$130,00 Filing Fee & Certificate of Status	□ \$155,00 Filing Certified Copy			



April 14, 2015

TERRI SMITH ENCORE HOSPITALITY, LLC 5005 LBJ FREEWAY, SUITE 1200 DALLAS, TX 75244

SUBJECT: EH TAMPA HI, LLC Ref. Number: W15000025646

We have received your document for EH TAMPA HI, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 815A00007308

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:

1. EH Tampa HI, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware 3, 47-2880402			
(Jurisdiction under the law of which foreign limited liability (FEI number, if appli company is organized)	(FEI number, if applicable)		
1/23/2015			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	15		
5005 LBJ Freeway, Suite 1200			
Dallas, TX 75244	- SS 4		
(Street Address of Principal Office)	P P		
Same as above	<u> </u>		
	24 24		
(Mailing Address)			
	manage is/are:		
7. The name, title or capacity and address of the person(s) who has/have authority to r	•		
7. The name, title or capacity and address of the person(s) who has/have authority to r Terri Smith, Manager			
Terri Smith, Manager			
Terri Smith, Manager 5005 LBJ Freeway, Suite 1200			

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Terri Smith, Manager

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.

	the alternate to be used in t	he state of Florida is:			
2. The name a	and the Florida street addres	s of the registered agent and office are:	SE	15	
	Registered Ag	ent Solutions, Inc.	1350 1350	MAY	
		(Name)		င္မီ	1
155 Office Plaza Dr., Suite A			PH	* (4.3 }) (4.1817)	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			2: 24	gamen.
	Tallahassee	FL 32301	2:17	£-	
		City/State/Zip	_		
liability compo registered age statutes relatin	any at the place designated in nt and agree to act in this ca ng to the proper and complet	d to accept service of process for the above in this certificate, I hereby accept the appoin pacity. I further agree to comply with the p e performance of my duties, and I am famil gistered agent as provided for in Chapter 6	ntment as provisions iar with an	of all ad	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EH TAMPA HI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2015.

5679917 8300

150566943

Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 2325775

DATE: 04-27-15

You may verify this certificate online at corp.delaware.gov/authver.shtml