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T. Burch MAY 2.6, 2015

* Fale 15140 do not soporet

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 639278 4312468

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: May 21, 2015

ORDER TIME : 9:0 AM

ORDER NO. : 639278-005

CUSTOMER NO: 4312468

FOREIGN FILINGS

NAME: ASHFORD HARBOUR ISLAND GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

COVER LETTER

	Registration Se Division of Cor						
SUBJECT		rbour Island GP LLC					
SODJEC.	1		Name of Li	mited Liability (Company		
The enclose Existence,	sed "Application and check are	n by Foreign Limited Liab submitted to register the a	bility Compa bove referen	ny for Authoriza ced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busir	Certificate of less in Florida.
Please retu	um all correspo	ndence concerning this ma	atter to the fo	ollowing:			
	Lamar	Dowling					
		1000	Nan	ne of Person			
	Garder	e Wynne Sewell LLP					
			Firm	n/Company			
•	1601 F	lm Street, Suite 3000					
_				Address			
	Dallas,	Texas 75201					
			City/Sta	te and Zip Code			
	rshumw	ny@ashfordinc.com					
		E-mail address:	(to be used t	for future annual	report noti	fication)	
For further	r information co	oncerning this matter, plea	se call:				
1	amar Dowling			214 at (999-438	11	
	<u> </u>	Name of Contact Person		Area Code	Dayı	time Telephone Number	
D R P	AAILING ADDivision of Corporation Sec 2.0. Box 6327 Callahassee, FL	orations tion			Division of Registration Clifton Bo 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
	is a check for the \$125.00 Filin	e following amount: g Fee \$\square\$ \$130.00 Filin Certificate of \$		☐ \$155,00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fcc, Co of Status & Certified Cop	

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:

	reign Limited Liability Compan						
If name unavailable, enter a Liability Company," "L.L.C	alternate name adopted for the p	urpose of transa	cting business in Florida.	The alternate nam	e must in	elude "I	Limited
Delaware	•	2	47-3912769				
(Jurisdiction under the law company is organized)	v of which foreign limited liabil.		47-3912769 (FEI num	ber, if applicable)			
N/A							
	(See sections 605.0904 &	ousiness in Flori & 605.0905, F.S	da, if prior to registration. to determine penalty liab) ility)			
14185 Dallas Parkwa	y, Suite 1100				-		
Dalias, Texas 75254					_		
	•	ss of Principal (Office)				
5. 14185 Dallas Parkway	, Suite 1100	· · · · · · · · · · · · · · · · · · ·			ر مع المنظم المراحم المنظم	خـــــ	
Dalias, Texas 75254						ST ST	***
	(Ma	iling Address)					i di
7. Name and street addre	ess of Florida registered agen	t: (P.O. Box)	NOT acceptable)		(). ():	22	, es anges us
Name:	Corporation Service Con	ıpany	·			P3	Constitution.
Office Address:	1201 Hays Street				EGN SEN	E	AND SEA
	Tallahassee		, Florida	32301		20	
	(Ci	ty)		(Zip code)	-		
his application, I hereby with the provisions of all	egistered agent and to accept to accept the appointment as I statutes relative to the prop sition as registered agent. Corpordion Service Con	registered age er and comple	nt and agree to act in the step performance of my	his capacity. I following the second	urther a	gree to	comply
he obligations of my pos	es flages of	Registered agent	's signature)				
8. The name, title or cap	pacity and address of the pers	on(s) who has	. s signature)	ge is/are:			
8. The name, title or cap		on(s) who has	. s signature)	ge is/are:		-	
8. The name, title or cap	pacity and address of the pers	on(s) who has	. s signature)	ge is/are:		-	
8. The name, title or cap David A. Brooks and Ch	pacity and address of the pers	on(s) who has	. s signature)	ge is/are:		-	

(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

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

David A. Brooks, President

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASHFORD HARBOUR ISLAND GP 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-SECOND DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASHFORD HARBOUR ISLAND GP LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

15 HAY 22 PH L: 50

5739779 8300

150740705

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 2401764

DATE: 05-22-15

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