## M15000004518

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JUN 1 0 2015 W PAINTER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 661940 4814233

AUTHORIZATION: Smell Bleman

COST LIMIT : \$'\h55.00

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ORDER DATE: June 9, 2015

ORDER TIME : 12:37 PM

ORDER NO. : 661940-010

CUSTOMER NO: 4814233

## FOREIGN FILINGS

NAME: PHG JAX JTB, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:



TO:	Registration Section Division of Corporations					
SUBJE	PHG Jax JTB, LLC CT:					
	Name of Limited Liability Company					
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please	eturn all correspondence concerning this matter to the following:					
	Angela E. Bicrnath, Paralegal					
	Name of Person					
	Morris, Manning & Martin, LLP					
	Firm/Company					
	3343 Peachtree Road NE, Suite 1600					
Address						
	Atlanta, Georgia 30326					
	City/State and Zip Code					
	kcadin@peachtreehotelgroup.com					
	E-mail address: (to be used for future annual report notification)					
For furth	er information concerning this matter, please call:					
	Angela E. Biernath, Paralegal 404 504-7725					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
	is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy					

## 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 RUSINESS IN THE STATE OF FLORIDA:

	(Name of Fo	oreign Limited Liability Company; m	ust include "Limite	d Liability Company," "I	L.C.," or "LLC	li")	
(City)  Registered agent's acceptance:  Tallahassae.  City)  City Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I been accept the obligations of my position as registered agent and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  Registered agent's signature)  Registered Toping In the Corporation Service Company  Office Address:  1201 Hays Street  City)  Registered agent sacceptance:  (City)  Registered agent sacceptance:  (City)  Registered agent's signature)  Registered agent's signature)  Registered agent's signature)  Signature of an authorized person  Signature of an authorized person  Signature of an authorized person			se of transacting b	siness in Florida. The al	lernate name mu	st include "Limite	td
(Allanta, Georgia 30342  (Street Address of Principal Office)  Atlanta, Georgia 30342  (Street Address of Principal Office)  (Street Address)  Atlanta, Georgia 30342  (Mailing Address)  (Mailing Address)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Straet  Tallahassae (City) (Zip code)  Registered agent's acceptance: (City) (Zip code)  Registered agent's acceptance: (City) (Zip code)  Registered agent's acceptance are registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the abiligations of my position as registered agent.  Corporation Sorver Company Courtney Williams  By Registered agent's signature)  Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  (Registered Agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  (Courtney Williams Agent Agent)  (Courtney Williams Agent Agent)  (Courtney Williams Agent)	2. Georgia		3. 47-3795	398			
(Date first transacted besiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 5607 Glenridge Drive, Suite 430  Atlanta, Georgia 30342  (Street Address of Principal Office)  6. 5607 Glenridge Drive, Suite 430  Atlanta, Georgia 30342  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address: 1201 Hays Street  Taliahassee  (City)  (City)  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the above stated of the accept agent.  Corporation Springs Company  Courtney Williams  By:  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  (Registered Agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  (Registered Rotel Group II, LLC (Manager)  5607 Glenridge Drive, Suite 430  Atlanta, Georgia 30342  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)	(Jurisdiction under the law	w of which foreign limited liability		(FEI number, if	applicable)		
(Street Address of Principal Office)  Atlanta, Georgia 30342  (Street Address of Principal Office)  6. 5607 Glenridge Drive, Suite 430  Atlanta, Georgia 30342  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Office Address:  1201 Hays Street  Tallahassae  (City)  (City)  (Cip code)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obliquations of my position as registered agent.  Courtney Williams  By:  (Registered agent's signature)  (Registered agent's signature)  (Registered agent's signature)  (Registered agent's signature)  2. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  (Registered agent's signature)  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  3. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  3. The name, title or capacity and address of the person of an authority to manage is/arc:  3. The name, title or capacity and address of the person of an authority person of an authority pers							
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Courtney Williams Corporation Service Company By:  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  Peachtree Hotel Group II, LLC (Manager)  5607 Glenridge Drive, Suite 430  Atlanta, Georgia 30342  9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. Of the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  Signature of an authorized person	with the provisions of all	succept me appointment as regis statutes relative to the proper an	tereu agent ana l d complete perfe	rmance of my duties,	achy. Tjurine and Lam fami	er agree to comp iliar with and a	ory ccept
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		/ -	•				

Jatin Desai, Authorized Person

Typed or printed name of signee

## STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 15039982
DATE INC/AUTH/FILED : April 20, 2015
JURISDICTION : Georgia
PRINT DATE : June 05, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PHG Jax JTB, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

B: Ph

Brian P. Kemp Secretary of State 15 JUN -9 PH 12: 30

Tracking #: wwyphSMt