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| (R | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phon | e #) |
| PICK-UP | MAIT WAIT | MAIL |
| (B | usiness Entity Na | me) |
| (Di | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



600272961976

JUN 2 4 2015 N. Cuffigan

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallnassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 676969 4302216

AUTHORIZATION : Smell Clara

COST LIMIT : \$(125.00

ORDER DATE: June 21, 2015

ORDER TIME : 8:52 AM

ORDER NO. : 676969-050

CUSTOMER NO: 4302216

FOREIGN FILINGS

NAME: BRE IMAGINATION HOTEL OWNER

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: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

| | gistration Section vision of Corporation | s | | | |
|-----------------------------|--|---|---|---|---|
| SUBJECT: | BRE Imagination H | otel Owner LLC | · | | |
| 5-20001. | | Name of L | imited Liability Con | npany | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| The enclose Existence, a | ed "Application by For and check are submitted | eign Limited Liability Compa d to register the above referer | any for Authorization aced foreign limited | n to Trans liability o | sact Business in Florida," Certificate of company to transact business in Florida |
| Please retur | n all correspondence c | oncerning this matter to the f | ollowing: | | |
| | Ann S | chneider | | | |
| | | Nai | me of Person | | |
| | Equit | y Office | m/Company | | |
| | • | Fin | m/Company | | |
| | 999 | S. Riverside | Ploa, S | wite | 2000 |
| | Chica Ann-Sc | City/Sta | | | Om ication) |
| For further i | nformation concerning | this matter, please call: | | | |
| Ar | nn Schneig Name o | der Contact Person | at (<u>3\7</u>) Area Code | 400 Dayti | me Telephone Number |
| Div Reg P.C | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314 | | D R C 20 | Division of egistratio Elifton Bui 661 Exect | ADDRESS: f Corporations n Section ilding utive Center Circle e, FL 32301 |
| | a check for the followi \$125.00 Filing Fee | ng amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filing I Certified Copy | Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

APLICATION 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 RI ISINESS. IN THE STATE OF FLORIDA:

| 7.6 | | | 23 /1 (23) | |
|---|--|--|---|-------------------------------------|
| If name unavailable, enter Liability Company," "L.L.(| alternate name adopted for the purpose of C," or "LLC.") | transacting business | in Florida. The alternate name must in | clude "Limited |
| DE DE | | 3. | | |
| (Jurisdiction under the law company is organized) | w of which foreign limited liability | | (FEI number, if applicable) | |
| ł. | | | • | |
| | (Date first transacted business i (See sections 605.0904 & 605.090 | n Florida, if prior to | registration.) | |
| | 22 S. Riverside Plaza, Suite 2000, | | | |
| · <u>— — — — — — — — — — — — — — — — — — —</u> | | | | |
| | (Street Address of Prin | cipal Office) | | |
| i, | | | | 元点 置 |
| | | | | |
| | (Mailing Add | ress) | | JIN 23 |
| . Name and street addre | ess of Florida registered agent: (P.O. | Box NOT accepta | ible) | |
| Name: | Corporation Service Company | | | |
| | 1201 Hays Street | | | 9 |
| O.C | | | | |
| Office Address: | 1201 Hays Officer | | | |
| Office Address: | | | | |
| Registered agent's acce | Tallahassee (City) | | , Florida <u>32301</u> (Zip code) | والما والم |
| Registered agent's acce laving been named as r his application, I hereby with the provisions of all | Tallahassee (City) ptance: registered agent and to accept service recept the appointment as registere I statutes relative to the proper and constitution as registered agent. Corporation Service Company By: | of process for the d agent and agree omplete performan | , Florida <u>32301</u> (Zip code) above stated corporation at the plant of | gree to comply |
| Registered agent's acce laving been named as r his application, I hereby with the provisions of all | Tallahassee (City) ptance: registered agent and to accept service recept the appointment as registere I statutes relative to the proper and constitution as registered agent. Corporation Service Company By: | of process for the d agent and agree omplete performan | , Florida <u>32301</u> (Zip code) above stated corporation at the pictor of the first capacity. I further ance of my duties, and I am familia | gree to comply |
| Registered agent's accellaving been named as rists application, I hereby with the provisions of all the obligations of my pos | Tallahassee (City) ptance: registered agent and to accept service recept the appointment as registere I statutes relative to the proper and constitution as registered agent. Corporation Service Company By: | of process for the dagent and agree omplete performan | , Florida32301 | gree to comply |
| Registered agent's accellaving been named as rais application, I hereby with the provisions of all the obligations of my posteriors. The name, title or cap | Tallahassee (City) ptance: registered agent and to accept service of accept the appointment as registere I statutes relative to the proper and consition as registered agent. Corporation Service Company By: (Registered | of process for the dagent and agree omplete performant agent's signature) o has/have authori | , Florida 32301 (Zip code) above stated corporation at the plant to act in this capacity. I further a nice of my duties, and I am familia DAVE NICKELSEN, ASST. VP. | gree to comply r with and accept |
| degistered agent's accellaving been named as rais application, I hereby with the provisions of all the obligations of my postal. The name, title or cap | Tallahassee (City) ptance: registered agent and to accept service recept the appointment as registere statutes relative to the proper and consistence corporation Service Company By: (Registered pacity and address of the person(s) where | of process for the dagent and agree omplete performant agent's signature) o has/have authoritanging Member en | , Florida 32301 (Zip code) above stated corporation at the part to act in this capacity. I further a nice of my duties, and I am familia DAVE NICKELSEN, ASST. VP. ty to manage is/are: Intity, BRE Imagination Hotel Holdco | gree to comply r with and accept |
| Registered agent's accellaving been named as rais application, I hereby with the provisions of all the obligations of my postate. The name, title or cape the authority to make the managin | Tallahassee (City) ptance: registered agent and to accept service registered appointment as registere statutes relative to the proper and constitutes registered agent. Corporation Service Company By: (Registered agent) (Registered agent) (Registered agent) (Registered agent) | of process for the dagent and agree omplete performant agent's signature) o has/have authoritanging Member en | , Florida 32301 (Zip code) above stated corporation at the part to act in this capacity. I further a nice of my duties, and I am familia DAVE NICKELSEN, ASST. VP. ty to manage is/are: Intity, BRE Imagination Hotel Holdco | gree to comply r with and accept |
| Registered agent's accellaving been named as ratios application, I hereby with the provisions of all the obligations of my positions. The name, title or cape The authority to make the company. The office the company. The office the company. | Tallahassee (City) ptance: registered agent and to accept service of accept the appointment as registered statutes relative to the proper and consition as registered agent. Corporation Service Company By: (Registered reacity and address of the person(s) who manage the company is vested in a Manage the company is vested in a Manage the statushed to this form. The of existence, no more than 90 days of the off which it is organized. (If the certification) | of process for the dagent and agree omplete performant agent's signature) on has/have authorinaging Member ene company who are old, duly authentical | (Zip code) (Zip code) (Above stated corporation at the part of act in this capacity. I further a nice of my duties, and I am familia DAVE NICKELSEN, ASST. VP. (Ity to manage is/are: Intity, BRE Imagination Hotel Holded re authorized to act on behalf of the lated by the official having custody of the lated by th | gree to comply r with and accept |

Typed or printed name of signee

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

Officers of BRE Imagination Hotel Owner LLC

OFFICERS TITLE

Jonathan D. Gray Senior Managing Director and President Senior Managing Director and Vice President Tyler Henritze Nadeem Mcghji Senior Managing Director and Vice President A.J. Agarwal Senior Managing Director and Vice President William J. Stein Senior Managing Director and Vice President Kenneth A. Caplan Senior Managing Director and Vice President Frank Cohen Senior Managing Director and Vice President Senior Managing Director and Vice President David Roth Senior Managing Director and Vice President Giovanni Cutaia

Paul Quinlan Managing Director, Vice President, Treasurer and Secretary

Anthony Beovich
Glenn Alba
Michael Lascher

Managing Director and Assistant Treasurer
Managing Director and Vice President
Managing Director and Vice President

The address of each of the above listed officers and the Managing Member is:

The Blackstone Group 345 Park Avenue New York, NY 10154



Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BRE IMAGINATION HOTEL OWNER 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 JUNE, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRE

IMAGINATION HOTEL OWNER LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY

OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5755154 8300

150950490

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 2486230

DATE: 06-22-15

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