6/24/2015 2:00:06 PM From: To: 8506176381( 1/5 )

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*\*(1)

Email Address:

#### Foreign Limited Liability Company SB Hotel Owner GP, L.L.C.

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\$125.00	

JUN 2 5 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section
Division of Corporations

#### **COVER LETTER**

SUBJECT: SB Hotel Owner GP, L.L.C. Name of Limited Limbility Co	THE PARTY OF THE P
The enclosed "Application by Foreign Limited Liability Company for Au Existence, and check are submitted to register the above referenced foreign	in limited limbility company to transact business in Florida.
Please return all correspondence concerning this matter to the following:	SECOTO TALL
· · · · · · · · · · · · · · · · · · ·	<u> </u>
Name of Person	ARY O
Firm/Company	<u> </u>
Address	39
City/State and Zip	
E-mail address: (to be used for future a	noual report notification)
For further information concerning this matter, please call:	
Nunc of Contact Person Are	a Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Beilding 2661 Executive Ce Tallahassee, FL 32	ations n nter Circle
Enclosed is a check for the following amount:	
	00 Filing Fee & S \$160.00 Filing Fee, Certificate fied 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 BUSINESS: IN THE STATE OF FLORIDA:

] SB Hotel Owner GP, L.L.C.	
(Name of Foreign Limited Liability Company; must include "Limited Liab	bility Company, ""LLC.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting busine Liability Company." "L.L.C." or "LL.C.")	ss in Florida. The alternate name must include "Limited
2. Delaware 3. 47-4339989	9
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. Upon filing.	ASE 5
(Date first transacted business in Florids, if prior ( (See sections 605.0904 & 605.0905, F.S. to determine	to registration.) to penalty liability)
5. 591 West Putnam Avenue	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Greenwich, CT, 06830	SHO F III
(Street Address of Principal Off	lkee)
6. 591 West Putnam Avenue	<u>ිල්</u> <b>අ</b>
Greenwich, CT, 06830	39 10A
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has	as/have authority to manage is/are:
Hotel Place 24. L.L.C., Member, 591 West Putnam Av	0010 C 1. CT 06030
JII WEST FATHORY	enue, Greenwich, C. 1. Do. 30
8. Attached is an original 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	ch it is organized. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation must be submitted)	of the certificate under oath of the translator
/S/ Jerome C. Silvey Signature of an authorized	
Signature of an authorized	person
(in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation aware that any false information submitted in a document to the Department of State constitute.	som under the penalties of perjusy that the facts stated herein are true, t
<b></b>	
Typed or printed game of side	<u></u>

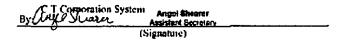
1. The name of the Limited Liability Company is:

# 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.

	GP, L.L.C.		<del></del>
If unavailable,	the alternate to be used	l in the state of Florida is:	建汽 5
2. The name a	and the Florida street ad	dress of the registered agent and office are:	Jun 24
	C T Corporation System		語のこと
		(Name)	5点 <b>专</b>
	1200 South Pine Island I	Road	ਰੋਜ਼ੀ ਲ
	Florida St	rect Address (P.O. Box NOT ACCEPTABLE)	,
	Plantation	FL 33324	
		City/State/Zip	•

Having been named as registered agent and to accept service of process for the above stated 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.



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

# Delaware

DAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SB HOTEL OWNER GP, L.L.C." 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-FOURTH DAY OF JUNE, A.D. 2015.

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

5761894 8300

150966169

AUTHENTY CATION: 2497383

DATE: 06-24-15

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