

8/26/2015 4:46:11 PM

Division of Corporations

To: (850) 617-6383 (7/4)

Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 26 AM 7:54

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Foreign Limited Liability Company
WHI Jacksonville Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

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Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WHI JACKSONVILLE MANAGEMENT LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cynthia Warren

Name of Person

Pyramid Hotel Group

Firm/Company

ONE POST OFFICE SQUARE, SUITE 700

Address

BOSTON, MA 02110

City/State and Zip Code

CLS-AnnualReportFilingTeam@wohlerskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Warren

at (617)

412-2000

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

1. WHI JACKSONVILLE MANAGEMENT LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Massachusetts

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FBI number, if applicable)

4. upon filing

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ONE POST OFFICE SQUARE, SUITE 700 BOSTON, MA 02110 USA

(Street Address of Principal Office)

6. ONE POST OFFICE SQUARE, SUITE 700 BOSTON, MA 02110 USA

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip 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 obligations of my position as registered agent.

By: Connie Bryon
(Registered agent's signature)

Connie Bryon
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Manager RICHARD M. KELLEHER ONE POST OFFICE SQUARE, SUITE 700 BOSTON, MA 02110 USA

Manager WARREN Q. FIELDS ONE POST OFFICE SQUARE, SUITE 700 BOSTON, MA 02110 USA

Manager JAMES R. DINA ONE POST OFFICE SQUARE, SUITE 700 BOSTON, MA 02110 USA

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)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Warren Q. Fields
Typed or printed name of signee

2015 AUG 26 AM 7:54

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02188

Date: August 25, 2015

To Whom It May Concern :

I hereby certify that a certificate of organization of Limited Liability Company was filed
in this office by

WHI JACKSONVILLE MANAGEMENT LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on
July 29, 2015.

I further certify that said Limited Liability Company has not filed a Certificate of Cancellation;
that said Limited Liability Company has not been administratively dissolved; and that, so far as
appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 15084966850

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: tgr