Division of Corporations

Page 1 of 1



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	Division of Corporations Fax Number : (850)617-6383	55 A
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	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023	
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Foreign Limited Liability Company Pharos Hotels, LLC

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COVER LETTER

Pharos Hotels, LLC Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business Please return all correspondence concerning this matter to the following: Stephanie Campbell Name of Person Pharos Hospitality Finn/Company 320 S Tryon Street, Suite 202 Address Charlotte, NC 28202 City/State and Zip Code scampbell@pharoshospitality.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephanie Campbell Name of Contact Person Name of Contact Person Daytime Telephone Number			
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MAILING ADDRESS: STREET ADDRESS:			
Division of Corporations Registration Section Division of Corporations Registration Section			
P.O. Box 6327 Clifton Building	Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy	ficate		

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 IS SINESS IN THE STATE OF FLORIDA.

Pharos Hotels, LLC	SINESS IN THE STATE OF FLORIDA:		
(Name of Fore	ign Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LI	.C.")
(If name unavailable, enter all Liability Company," "L.L.C,"			nust include "Limited
2. Delaware	3. ³⁸⁻³⁹²	6970	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. <u>D/a</u>			
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)	
5. 320 South Tryon Stree	t, Suite 202		
Charlone, NC 28202			
	(Street Address of Principal Office)		
6. 320 South Tryon Street	, Suite 202		
Charlone, NC 28202			2015 SEC
	(Mailing Address)		AH.
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT	acceptable)	TASE 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 1
Name:	C T Corporation System		SET 65
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	္ ႏွင့္ က္
•	(City)	(Zip code)	€£ 5
Registered agent's accep		. da ali a ali	
this application, I hereby	gistered agent and to accept service of process accept the appointment as registered agent an	for the above stated corporation at d agree to act in this capacity. I fur	ther agree to comply
	statutes relative to the proper and complete pe	rformance of my duties, and I am fo	imiliar with and accept
the obligations of my posi	CT Corporation Sys	🖛 Connie Bay	On Control
В	y: Canala Bana (Registered agent's sig	•	
	(Registered agent a sig	nature) 355151(11) 560	(Olony
8. The name, title or caps	city and address of the person(s) who has/have	authority to manage is/are:	
J. Edward Watson, III - C	EO, 320 S Tryon St, Suite 202, Charlotte, NC 2	28202	
Stephanie Campbell - Cor	stroller, 320 S Tryon St, Suite 202, Charlotte, N	NC 28202	
jurisdiction under the law	of existence, no more than 90 days old, duly at of which it is organized. (If the certificate is in the least)		
of the translator must be su	\ \\\	()	
	Signature of an authorize	d person	
This document is executed	in accordance with section 605.0203 (1) (b), F	•	dse information
	the Department of State constitutes a third deg		
	Stephanie Campbell		

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHAROS HOTELS, 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-FIFTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5487927 8300

151216576

DATE: 08-25-15

AUTHENTICATION: 2676246

You may werify this cortificate online at corp. dolawers.gov/authvor.shtml