(Requestor's Name)				
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(Business Entity Name)	<del></del>			
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SEP 2 8 2015 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 781456 7116986

AUTHORIZATION:

COST LIMIT : \$ 129.00

ORDER DATE: September 11, 2015

ORDER TIME : 12:35 PM

ORDER NO. : 781456-010

CUSTOMER NO: 7116986

#### FOREIGN FILINGS

NAME: NOBLE HOUSE IKW, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

FILED

15 SEP 25 MII: 20

SECRETARY OF STATE
TALEAHASSEF FIRMAN

### COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Noble Hova IKW, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certif Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please return all correspondence concerning this matter to the following:	
Pat Dyev Name of Person	ङ्ग
Name of Person	ಜ
Noble House Hotels	F II.
Hirm/Company	["
SE =	
Address	2
Kurldand, WA 98033	-
City/State and Zip Code	
Payer a noble house hotels com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jane of Contact Person at (425) 837-8737  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	•
Enclosed is a check for the following amount:  \$\Begin{array}  \$125.00 \text{ Filing Fee} & \Begin{array}  \$130.00 \text{ Filing Fee} & \Begin{array}  \$155.00 \text{ Filing Fee} & \Begin{array}  \$160.00 \text{ Filing Fee}, \text{ Certificate of Status} & \text{ Certified Copy} & \text{ of Status & Certified Copy} \end{array}	c

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TTION 605.0902, FLORIDA STATUTES, THE FOLLOW! USINESS INTHE STATE OF FLORIDA:	ING IS SUBMITTED TO REGISTE	RA FOREIGN LIMITED LIABILITY
Nob!	U HOUSE IKW, LLC eign Limited Liability Company; must include "Limit	ted Liability Company," "L.L.C.,	or "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C	lternate name adopted for the purpose of transacting t	_	
2. 40	1-4944722 00 1	(FEI number, if applica	
	of which foreign limited liability	(FEI number, if applica	ble)
4. Sec	tember 17, 2015		
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to det	prior to registration.) termine penalty liability)	<del></del> ;
s. <u>40</u> 0	6th Street South		
KIV	kland WA 9802	52	**************************************
(Cu	(Street Address of Principal Office)		
6			• · · · · · · · · · · · · · · · · · · ·
			• 4.
<u> </u>	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box NOT a	cceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301	
	(City)	(Zip code)	
Registered agent's accep	tance: gistered agent and to accept service of process j	for the above stated corporati	on 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 : the obligations of my post	statutes relative to the proper and complete perf tion as registered agent. Corporation Service Company	formance of my duties, and I	am familiar with and accept
	By:	en la	Melissa Zender
	(Registered agent's Signa	ature) /	Isst Vice President
8. The name, title or capa	city and address of the person(s) who has/have a	uthority to manage is/are:	SSE 25
Jar	utte Ament, Uhut	Accta Offi	(4) =
(000	leth Street South,	Kirkland,	WEE \$6033
	of existence, no more than 90 days old, duly auth		
urisdiction under the law of of the translator must be su	of which it is organized. (If the pertificate is in a library)	foreign language, a translation	of the certificate under oath
	MAKLEN		
	Signature of an authorized p	person	
This document is executed	in accordance with section 605.0203 (1) (b), Flor	rida Statutes. I am aware that a	ny false information
submitted in a document to	the Department of State constitutes a third degree	e felony as provided for in s.8	17.155, F.S.
	Typed or printed name of sig	nee	<del></del>
	• • • • • • • • • • • • • • • • • • • •	,	

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NOBLE HOUSE IKW, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOBLE HOUSE IKW, LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2015.

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

15 SEP 25 AM II: 2 SERRETARY OF STATE TALLAHASSEE, FLORIB

AN III: 20

Jeffrey W. Buffoch, Secretary of State

Authentication: 10052057

Date: 09-14-15

5821459 8300
SR# 20150102414
You may verify this certificate online at corp.delaware.gov/authver.shtml