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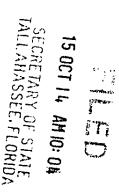
(F	Requestor's Name)				
<u> </u>	address)				
(A	Address)				
(0	City/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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OCT 1 5 2015





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2015

CHRIS ENG 12600 HILL COUNTRY BLVD STE R-100 AUSTIN, TX 78738

SUBJECT: SUMMIT HOSPITALITY 130, LLC

Ref. Number: W15000066512

We have received your document for SUMMIT HOSPITALITY 130, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 715A00021178

COVER LETTER

	egistration Section division of Corporation	S					
SUBJECT	Summit Hospitality	30, LLC					
	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company					
he enclos xistence,	ed "Application by Force and check are submitted	ign Limited Liability Com to register the above refer	pany for Authoriza enced foreign limi	ntion to Ti ted liabili	ransact Business in Florida," ty company to transact busir	Certificate of the control of the co	
lease retu	rn all correspondence co	oncerning this matter to the	following:				
	Chris Eng						
		N	lame of Person				
	Summit Hospita	lity 130, LLC		•			
		F	inn/Company		ang dida dan mandadi da		
	12600 Hill Cour	stry Blvd., Ste. R-100					
			Address				
	Austin, TX 7873	8					
	 	City/S	itate and Zip Code				
	legal@shpreit.com	1					
		E-mail address: (to be use	d for tuture annua	report no	tification)		
or further	information concerning	this matter, please call:					
Se	carlett Tucker		512 at (538-23			
-	Name of	Contact Person	Area Code	Da	ytime Telephone Number		
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301		
	a check for the followin \$125.00 Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Cop		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Summit Hospitality 13			
(Name of Fore	eign Limited Liability Company; must include "Limi	ted Liability Company." "L.L.C.," or *	·LLC.")
(If name unavailable, enter a	Iternate name adopted for the purpose of transacting	business in Florida. The alternate nam	e must include "Limited
Liability Company," "L.L.C,			
2. Delaware	3. 30-087		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. N/A			
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)	
5. 12600 Hill Country Bl	vd., Ste. R-100		
Austin, TX 78738			
same as above	(Street Address of Principal Office)		,
6.		PRESIDENT AND ADMINISTRATION OF THE PRESIDENT AND ADMINISTRATION O	•
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT	acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays St.		
	Tallahassee	, Florida 32301 (Zip code)	
Registered agent's accep	(City)	(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of process tion, I hereby accept the appointment as regist ons of all statutes relative to the proper and co- ny position as registered agent.	ered agent and agree to act in this mplete performance of my duties,	s capacity. Lfurther agree
	(Registered agent's sign	nature) PS51.	SS -
8. The name, title or capa Summit Hotel OP, LP (so	city and address of the person(s) who has/have le member, manager)	authority to manage is/are:	SEE.
		The Product of the State of the	15.
			5
	of existence, no more than 90 days old, duly au of which it is organized. (If the certificate is in a sibmitted) Signature of an authorized	foreign language, a translation of	
	Signature of an authorized	person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), FI the Department of State constitutes a third degr	orida Statutes. I am aware that any	false information
	Chris Eng	and the same and t	·
	Typed or printed name of s	ignee	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT HOSPITALITY 130, 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-SIXTH DAY OF SEPTEMBER, A.D. 2015.

5799294 8300 SR# 20150271670



Authentication: 10136049

Date: 09-26-15