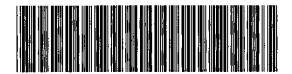
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October 20, 2015

MARK R. BOWMAN EASTERN VIRGINIA LAW GROUP PLLC 130 W. PLUME STREET NORFOLK, VA 23510

SUBJECT: YOGI HOTEL LLC Ref. Number: W15000069540

We have received your document for YOGI HOTEL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II Letter Number: 215A00022357 年

#### COVER LETTER

to receivement acceptance of

	egistration Section in ivision of Corporation Yogi Hotel LLC	ns						
SUBJECT	:	Name of	Limited Liability (	Company		····		
The enclose Existence,	ed "Application by Fe and check are submitt	reign Limited Liability Comed to register the above refer	pany for Authoriza	tion to Tr	ansact Business	s in Florida ransact bus	ı," Certi siness ir	ificate of 1 Florida
Please retur	rn all correspondence	concerning this matter to the	following:					
	Mark R. Bowi	nan						
	<del></del> .	N	lame of Person				_	
	Eastern Virgin	ia Law Group PLLC	1					
	·	ŀ	irm/Company		· · · · · · · · · · · · · · · · · · ·			
	130 W. Plume	Street				TAL SE	2015	
	Address					AH	5 001	77
	Norfolk, VA 2	3510				TARY	1 23	-
		City/S	State and Zip Code			The Contract of the Contract o	שב ס	m
	mbowman@cva				• .	180 180 180 180	÷	D
		E-mail address: (to be use	d for future annual	report no	tification)	<b>∑</b> [=:]	20	
For further	information concernir	ig this matter, please call:						
M	ark R. Bowman		757 at (	_)	517-3010		_	
	Name o	of Contact Person	Area Code	Day	rtime Telephon	e 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						
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	g Fee &	□ \$160.00 F of Status & C			ite

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

IN COMPLIANCE WITH SECTION 615,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Yogi Hotel LLC	CALIFORNIA OF THE OF TH	<b>.</b>			
	eign Limited Liability Company; mu	ıst include "Limited Lia	ebility Company,""L.L.C.," o	r "LLC.")	-
(If name unavailable, enter a Linbility Company," "L.L.C.	itersate name adopted for the purpos	se of transacting busine	ss in Florida. The alternate nu	ane must include "Lin	nited
2. Virginia		3. <u>47-5333894</u>			
(Jurisdiction under the law company is organized)	of which foreign limited liability	3. <u> </u>	(PEI number, if applicable	s)	•
4				_	
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior to .0905, F.S. to determin	o registration.) c penalty fiability)		
5. 27991 Oakland Drive				_	
Bonita Springs, FL 34	135				
	(Street Address of	Principal Office)		_	
6. 27991 Oakland Drive		<del></del>		_ ==	
Bonita Springs, FL 341	135			2015 SEC ALL	
	(Mailing)	Address)		OCT ORET	7
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accept	able)	co ™	granes granes
Name:	Vinnie Patel		_	23 SEE	7 5 E 1
Office Address:	27991 Oakland Drive				1 1
<b>5</b>	Bonita Springs		, Florida 34135	# 2 37AT 37AT 1870	
	(City)		(Zip code)	- 577 10	
Registered agent's accep Huving been named as re	gistered agent and to accept serv	vice of process for th	e ubove stated limited liab	ility conpany at the	place
designated in this applica-	tion, I hereby accept the appoint ous of all statutes relative to the	tment as registered a	gent und agree to uct in th	iis capacity. I furth	er agree
	ny pasition as regist <del>ared agent.</del>				
	9		<u> </u>	_	
	(Rogist	ered agent's signature)			
8. The name, title or capa	city and address of the person(s)	who has/have nuthor	ity to manage is/are:	,	
Bharat Patel, Manager	•				
2434 Gum Road		*			
Chesapeuke, VA 23321					
			and the standard besides		in the
<ol> <li>Attached is a certificate invisely and a certificate.</li> </ol>	of existence, no more than 90 day of which it is organized, 110 the ex	ys old, duly authentic crtificate is in a foreig	ateo by the otheral having In language, a translation o	f the certificate und	er oath
of the translator must be su	ibmitted)	100			
				_	
	Signature	of an nuthorized person	4		
This document is executed	in accordance with section 605.0	)203 (1) (b), Florida S	Statutes, I am aware that an	y false information	
submitted in a document to	the Department of State constitu	iarat Patel	and an internal contraction of	•	
		rinted name of signee		_	

# Commonwealth of Hirginia



## State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Yogi Hotel LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 15, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

STATE CONTINUES ON CONTINUES ON

Signed and Sealed at Richmond on this Date: October 16, 2015

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1510165612