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(Requestor's Name)

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(City/State/Zip/Phone #)

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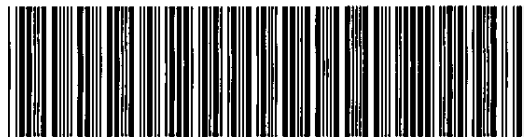
\_\_\_\_\_  
(Business Entity Name)

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Date: 11/10/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: C014570

ENTITY NAME: WOODSPRING SUITES ORLANDO FL - BELLE ISLE LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount: \$125

Signature: Michelle Walker



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115 North Calhoun Street, Suite #4, Tallahassee, FL 32301  
Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200  
E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)

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. WOODSPRING SUITES ORLANDO FL - BELLE ISLE 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. Kansas 3. 47-5532417  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)

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

5. 8621 E. 21ST STREET NORTH SUITE 250

Wichita, KS 67206  
(Street Address of Principal Office)

6. 8621 E. 21ST STREET NORTH SUITE 250

Wichita, KS 67206  
(Mailing Address)

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

Name: National Corporate Research, Ltd., Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(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.

Sean Honan

(Registered agent's signature)

Sean Honan, Assistant Secretary

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

WoodSpring Suites Property Holdings LLC, Sole Member

8621 E. 21st Street North, Suite 250, Wichita, KS 67206

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)

Stu Becker, CFO

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.

Stuart Becker

Typed or printed name of signer

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DEPARTMENT OF STATE

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7935695

Entity Name: WOODSPRING SUITES ORLANDO FL - BELLE ISLE LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: KAREN PICKENS

Registered Office: 8621 E. 21ST STREET NORTH SUITE 250, WICHITA, KS 67206

was filed in this office on April 13, 2015, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix  
the seal of the Secretary of State of the state of Kansas  
on this day of November 09, 2015

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

SECRETARY OF STATE  
KATHY HASSLER  
TALLAHASSEE, FLORIDA

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Certificate ID: 727482 - To verify the validity of this certificate please visit  
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.