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SECRETARY OF STATE
AND ASSECT LORDA

NOV 1 9 2015

S. YOUNG

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 877621 480914	8					
AUTHORIZATION :						
COST LIMIT : \$125.00	<i>,</i> 					
ORDER DATE: November 18, 2015						
ORDER TIME : 1:26 PM						
ORDER NO. : 877621-005						
CUSTOMER NO: 4809148						
FOREIGN FILINGS						
NAME: CONRAD MANAGEMENT LLC	5 NOV 18 MI					
XXXX QUALIFICATION (TYPE: LL)	9810A					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING						

EXAMINER:

CONTACT PERSON: Courtney Williams -- EXT# 62935

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns						
SUBJECT:	Conrad Managemer	nt LLC						
	Name of Limited Liability Company							
				tion to Transact Business in Florida ted liability company to transact bus				
Please return	all correspondence of	concerning this matter to the	following:					
	Abigail Hotchk	cin .						
	Name of Person							
	c/o Hilton Worldwide, Inc.							
	Firm/Company							
	7930 Jones Bra	nch Drive						
Address								
	McLcan, VA 22102							
		City/S	tate and Zip Code		_			
	vera.stoicof@hil	ton.com						
		E-mail address: (to be used	for future annual	report notification)	- 4.0 -			
For further in	nformation concernin	g this matter, please call:		À'				
Abi	gail Hotchkin		703 at (883-5732				
	Name o	of Contact Person	Area Code	Daytime Telephone Number				
Div Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	N G 12 PEONES			
	check for the follow 125.00 Filing Fee	ing amount: \$\Bigsize \text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\}}}}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex	□ \$155.00 Filin Certified Copy	ng Fee & \$\Bigcup \$160.00 Filing Fee, of Status & Certified C				

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;

L. Conrad Management L				
(Name of Fore	eign Limited Liability Company; mus	t include "Limited Liabi	lity Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C.	Iternate name adopted for the purpose " or "LLC.")	of transacting business	in Florida. The alternate r	name must include "Limited
2. Delaware		3. 26-1101184		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicab	ole)
4.	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to r	egistration.)	
5. 7930 Jones Branch Dri		ovos, r.b. to detomino	,,,, ,	
McLean, VA 22102				
	(Street Address of P	rincipal Office)		_
6. 7930 Jones Branch Driv	ve	···		<u></u>
McLean, VA 22102				_
	(Mailing A	Address)		
7. Name and street addres	s of Florida registered agent: (P.0	O. Box NOT acceptal	ble)	IS 5
Name:	Corporation Service Company			后 m
Office Address:	1201 Hays Street			
	Tallahassee		, Florida 32301 (7in code)	
designated in this applicate to complywith the provision	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the provident agent. Corporation Service Company By:	ment as registered ago proper and complete p	ent and agree to act in performance of my dut	this capacity. I further agree
•	ncity and address of the person(s) Keith Clampet, Vice President, A			
W. Steven Standefer, Seni	ior Vice President; Owen Wilcox,	Assistant Secretary		
7930 Jones Branch Drive,	McLcan, VA 22102			
	of existence, no more than 90 day of which it is organized. (If the ceabmitted)			
	W. tt			
	Signature	of an authorized person		
	in accordance with section 605 of the Department of State constitute.	tes a third degree felor		
	W. Steven S		•	_
	Typed or p	rinted name of signee		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONRAD MANAGEMENT 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONRAD"

MANAGEMENT LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D.

2007.

OF THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2015.

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

Jeffrey W. Bulleck, Secretary of State

4426068 8300

SR# 20150974500

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10446405

Date: 11-18-15