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#### **COVER LETTER**

	gistration Section vision of Corporation	18				
SUBJECT:		e Beach Management, LLC				
BOBULCI.		Name of L	imited Liability C	Company		
The enclose Existence, a	d "Application by For nd check are submitte	eign Limited Liability Compa d to register the above refere	any for Authoriza	tion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
Please return	n all correspondence c	oncerning this matter to the f	following:			
	Ann M. Joslin					
		Na	me of Person			
	David, Kamp &	Frank, L.L.C.				
		Fir	m/Company			
	739 Thimble Sh	noals Boulevard, Suite 105				
	-		Address			
	Newport News,	VA 23606				
		City/St	ate and Zip Code			
	joyce@nhghotels	.com				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further i	information concerning	g this matter, please call:				
An	n M. Joslin		757 at (	595-450	00	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Re P.C	vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division of Registrati Clifton Bo 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin 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 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:

(If name unavailable, ente	r alternate name adopte	ed for the purpose of trans	setting business in Florida. The alter	nate name must include "Limited
Liability Company, "L.L.  2 Virginia	C," or "LLC,")			
(Jurisdiction under the la		3	(EEI number, if app	lícable)
company is organized)				
4	(Date first to	ransacted business in Flo	ida, if prior to registration.)  S. to determine penalty liability)	- MT
-5. 4290 New Town Ave		000,000,100	, to desormate positisty (morally)	
Williamsburg, VA 23	1188		ekateriarina manda a erri era data <del>ekateriarina erreperia delegia delegia de</del> persona delegia	The second statement of the second se
· · · · · · · · · · · · · · · · · · ·		reet Address of Principal	Office)	<del></del>
6				<u> </u>
**************************************		(Mailing Address)		
7. Name and street addre	<u>ss</u> of Florida registe	red agent: (P.O. Box	NOT acceptable)	Est 🙃
Name:	CT Corporation S	System		15 NOV
Office Address:	1200 South Pine I	Island Road		
	Plantation		Florida 33324	388 7.8.V <b>0.</b>
Decision of south according	Plantation	(City)	, Florida 33324 (Zip cod	
Registered agent's acceptioning been named as redesignated in this applicate complywith the provisi	olance: egistered agent and i ition, I hereby accep ions of all statutes re	to accept service of properties to the appointment as to elative to the proper are tered agent.	Cap cook  neess for the above stated limited  registered agent and agree to act a complete performance of my a  Ternell Kearnev Asst. Se	liability company of the place in this capacity. Edurate with an tuties, and I am familiar with an
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Registered agent's acceptioning been named as redesignated in this applicate complywith the provise accept the obligations of  8. The name, title or captioning the provise Accept the Acception of Michael L. Pleninger, May 1290 New Town Avenue Williamsburg, VA 23188	otance: egistered agent and attion, I hereby acceptions of all statutes remy position as regis acity and address of anager of existence, no more of which it is organize	to accept service of proper and the appointment as a cleative to the proper and tered agent.  (Registered agent)  the person(s) who has/line person(s) who has/line than 90 days old, duite than 90 da	cess for the above stated limited egistered agent and agree to act d complete performance of my a Ternell Kearnev Asst. So	liability company the place in this capacity. Flurther regree tuties, and I am familiar with an ecretary

Typed or printed name of signer

Michael L. Pleninger

## Commonwealth of Hirginia



### State Corporation Commission

### CERTIFICATE OF FACT

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

That Newport Jacksonville Beach Management, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 17, 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.



Signed and Sealed at Richmond on this Date: November 17, 2015

Joel H. Peck, Clerk of the Commission

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