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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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DEC'11 2015 BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 905862 7498792

AUTHORIZATION : Spell de man

COST LIMIT : \$\frac{1}{2}5\forall 00

ORDER DATE: December 9, 2015

ORDER TIME: 8:42 AM

ORDER NO. : 905862-005

CUSTOMER NO: 7498792

FOREIGN FILINGS

NAME: 1300 SOUTH MIAMI EMPLOYER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

Divisi	ion of Corporations	s				
SUBJECT:	1300 Sou	ith Miami En	nployer, L	LC.		
SUBJECT			ed Liability Company	Andrew Transport		
The enclosed " Existence, and	Application by Fore check are submitted	eign Limited Liability Com I to register the above refe	npany for Authorizat renced foreign limite	ion to Transact I ed liability comp	Business in Florida," (pany to transact busine	Certificate of ess in Florida
Please return a	Il correspondence co	oncerning this matter to the	e following:			
	Ashley (Green				
	······································	Ņ	Name of Person			
	SBE					
		J.	irm/Company			
5900 Wilshire Blvd., Ste. 3100						
			Address			
	Los Ang	geles, CA 90	036			
		<u> </u>	State and Zip Code			
	ashley.g	reen@sbe.d	com			
	<u> </u>	E-mail address: (to be use	ed for future annual rep	port notification)	=======================================	
For further info	ormation concerning	this matter, please call:			295 SEC	- Charles
As	shley Gree	en	_{at (} 323	,634-58	(0.32	
	Name of	Contact Person	Area Code	Daytime T	clephorfe Number	
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Regist Cliftor 2661 E	Division of Corporations Registration Section		P I: 23 OF STATE S FLORIDA	Ö
	a check for the fo 25.00 Filing Fee	ollowing amount: S130.00 Filing Fee & Certificate of Status	□ \$155,00 Filing Certified Cop		160.00 Filing Fee. Ce f Status & Certified C	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTIIORIZATION 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. 1300 South Miami Employer, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Comp	vany," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid Liability Company," "L.L.C," or "L.L.C,")	a. The alternate name must include "Limited
, Delaware	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI	number, if applicable)
4 12/08/2015	
(Date first transacted business in Florida, if prior to registration (See sections 605,0904 & 605,0905, F.S. to determine penalty li	
5	
5900 Wilshire Blvd., Suite 3100, Los Angeles,	CA 90036
(Street Address of Principal Office)	
6. 5900 Wilshire Blvd., Suite 3100, Los Angeles, C	CA 90036
	 -√1
(Mailing Address)	- 2
7. The name, title or capacity and address of the person(s) who has/have a	uthority to manage is are:
SBE Hotel Group, LLC, Manager	SSE TO
5900 Wilshire Blvd., Suite 3100	
Los Angeles, CA 90036	1: 23
8. Attached is an original certificate of existence, no more than 90 days old having custody of records in the jurisdiction under the law of which it is or acceptable. If the certificate is in a foreign language, a translation of the cer must be submitted) Signature of an authorized person (In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the am aware that any false information submitted in a document to the Department of State constitutes a third degradate.	ganized. (A photocopy is not tificate under oath of the translator
Ashley Green	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailabl	e, the alternate to be used	d in the state of Florida is:		
2. The name	and the Florida street ad	Idress of the registered agent and office are	e:	
	Corporation Service Company		2815 TALL	
	(Name)		CRET CRET	
			2 m 13*	1
	1201 Hays Street			
		reet Address (P.O. Box NOT ACCEPTABLE)	RY OF SSEES FI	
		reet Address (P.O. Box NOT ACCEPTABLE) FL 32301	no n	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Corporation Service Company	Courtney Williams
Ву:	Asst. Vice President
(\$ignature)	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "1300 SOUTH MIAMI EMPLOYER, 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 NINTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1300 SOUTH MIAMI EMPLOYER, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10582684

Date: 12-09-15

5902771 8300 SR# 20151277850

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