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Foreign Limited Liability Company Beacon Hospitality Partners, LLC

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December 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: BEACON BOSPITALITY PARTNERS, LLC

REF: W15000081274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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

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

Jenna D Harris Regulatory Specialist II FAX Aud. #: E15000297626 Letter Number: 915A00026498

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ALLATANSE FLORIDA

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P.O BOX 6327 - Tallahassec, Florida 32314

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:

Beacon Hospitality Par			de "Limitod Liability Company," "L.L.C.," or "l	LLC.")
(If name unavailable, enter at Liability Company," "L.L.C.	ternate name adopted for the purpos	e of tra	nsacting business in Florida. The alternate name	must include "Limited
2. Delaware			26-2697230	
(Jurisdiction under the law company is organized)	of which foreign limited liability	3.	(FBI number, if applicable)	
4				
	(Date first transacted busine (See sections 605.0904 & 605	es in F .0905.	lorida, if prior to registration.) F.S. to determine penalty liability)	
301 West Atlantic Ave	nue, Suite 5, Delray Beach, FL 3			e-3
J				A C
	(Ctt N 1)		108	
201 West Atlantic Ave	(Street Address of I		al Office)	DEC
6. 301 West Addition Ave	nue, Suite 5, Delray Beach, FL 33			
				FOR THE PARTY
	(Mailing	Addres	s)	
7. Name and street address	s of Florida registered agent: (P.	O. Bo	x NOT acceptable)	8: 23 STATE LORID
	Jonathan Kurnit		•	न्स थ
Name:				i
Office Address:	301 West Atlantic Avenue, Sui	te 5		,
	Delray Beach		, Florida 33444	
	(City)		(Zip code)	•
designated in this applica to complywith the provisi	gistered agent and to accept services, I hereby accept the appoint	ment	process for the above stated limited liabili as registered agent and agree to act in this r and complete performance of my duties,	capacity. I further agree
	THEORIS	M A	en s sipaature)	
			>	
			as/have authority to manage is/are:	
Jonathan Kurnit, Member	301 West Atlantic Avenue, S	uite 5,	Delray Beach, FL 33444	 –
Huffsmith Development,	LLC 301 West Atlantic Avenue,	Suite	5, Delray Beach, FL 33444 Member	
				
jurisdiction under the law of the translator must be so	of which it is organized. (If the constituted)	ertifica	duly authenticated by the official having cute is in a foreign language, a translation of the control of the co	he certificate under oath
submitted in a document to	the Department of State constitu	tes a t	hird degree felony as provided for in s.817.1	55, P.S.
	Jonathan Kurnit	Mem	ber	•
	Typed or p	rinted	name of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BEACON HOSPITALITY PARTNERS, 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10635340

Date: 12-17-15

4534775 8300

SR# 20151398093
You may verify this certificate online at corp.delaware.gov/authver.shtml