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COVER LETTER

TO:	Registrat Division o	ion Section of Corporatio	ns					
CHRI		son Tide 1, 1,1	LC					
SUBJ	EC1		Name of	Limited Liability	Company			
The en	iclosed "App nce, and chec	lication by Fo ck are submitt	oreign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tra ted liabilit	ansact Business in Florida," Certificate o y company to transact business in Florida		
Please	return all co	rrespondence	concerning this matter to the	following:				
	J	lames S. Cam	pbell or Amy Manning					
	-		N	laine of Person	**********			
	!	Byrd Camphell, P.A.						
	-	Firm/Company						
	i	180 Park Avenue North, Suite 2A						
	_	Address						
	,	Winter Park, FL 32789						
		,	City/S	sate and Zip Code				
	an	anning@byro	deampbell.com					
	P-0-4	·	E-mail address: (to be use	d for future annual	report no	lification)		
For fur	ther informa	tion concerniz	ng this matter, please call:					
	Amy:Manning		850 at (308-74	40			
		Name	of Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301		of Corporations ion Section uilding cutive Center Circle			
Enclose		for the follow Filing Fee	ving amount: \$\sum \text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	□ \$155.00 Filin Certified Copy		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter al Liability Company," "L.L.C."	Iternate-name adopted for the purpose of transacting " or "LLC.")	husiness in Florida. The alternate name mu	st include "Limited
, Georgia	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	AMARIA
4. 1/18/2016			
	(Date first transacted business in Florida, if (See sections 605.0904 & 605:0905, F.S. to de	prior to registration.) termine penalty liability)	·
5. 113 Bay Bridge Drive			
Gulf Breeze, FL32561	• 1		
	(Street Address of Principal Office		
6. 113 Bay Bridge Drive			
Gulf Breeze, FL 32561	•		
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	acceptable)	
Name:	Byrd Campbell, P.A.		
Office Address:	180 Park Avenue North, Suite 2 A		
	Winter Park	Florida 32789	
market Company	(City)	(Zip code)	数 🛎
Registered agent's accep- Having been named as re-	tance: gistered agent and to accept service of process	for the above stated limited liability of	mmany At the place
designated in this applicat	tion, I hereby accept the appointment as regist	ered agent and agree to act in this cap	acity. I further gree 🤈
to comply with the provision	ons of all statutes relative to the proper and con ny position as registered agent.	upplete performance of my duties, and	I am famillar शिक्षा and
accept the obligations by h	ny position de registered agent.		- 1
			∰ હ
	(Registered agent's sign		
8. The name, title or capa	city and address of the person(s) who has/have	authority to manage is/are:	
Southeastern Investment F	CB LAC, a Florida limited liability company		
By: INNISFREE HOTEL	S, INC., an Alabama corporation, as Manager		
113 Bay Bridge Drive, Gu	If Breeze, FL 32561		
0 +44 - 144 - 164 - 164			
iurisdiction under the law of	of existence, no more than 90 days old duly au of which it is organized. (If the certificate is in a	thenticated by the official having custon forcism language, a translation of the c	iy of records in the entificate under oath
of the translator must be su	ibmitted)		
	The of		
	Signature of an authorized	person	
This document is executed	in accordance with section 605.0203 (1) (b). FI	orida Statutes. I am aware that any false	information
supplifica in a document to	the Department of State constitutes a third degr	ee leiony as provided for in 5.817.155,	F.3.
	Michael Nixon, President		

Typed or printed name of signee

Control Number: 16002541

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Grimson Tide 1, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual-registration provisions of Title 14 of the Official/Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or-is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12472250 : 01/11/2016 : Georgia : 1/18/2016



B: P. Kemp Secretary of State