Ç'n

ဏ္ဍ <u>5</u>0

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000720543)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 : (407)843-4600 Phone

Fax Number : 14 Attn: Tamifassley (407)843-4444

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Done O 407 @ 1000d

## Foreign Limited Liability Company SLB Hotel Group, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Help

Electronic Filing Menu

Corporate Filing Menu

WAR 23 TOTE
J. HARRIS

2016 MAR 22

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H16000072054 3

SLB Hotel Group, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC." or "LLC.")						
name unavailable, enter al ability Company," "L.L.C," Delaware	itemate name adopted for the " or "LLC.")	purpose of transacting business in Florida. The ul	ternate name must incl	wie "Limi		
Invisdiction under the law company is organized)	of which foreign limited lisb	7	applicable)			
Upon qualification						
7675 West Irlo Bronso	(Date first transacted (See sections 605,0904 in Highway, Kissimmee, F	business in Florida, if prior to registration.) & 605,0903, F.S. to determine penalty liability) orida 34747				
			Non	5		
	(Street Addi	ress of Principal Office)		-		
7675 West Irlo Bronson	Highway, Kissimmee, Fl	orida 34747	£E.			
			**************************************	2		
	71.7	siling Address)	A STATE OF THE STA			
Name and street address		nt: (P.O. Box NOT acceptable)	-3 -3 -2	ċċ ,		
Name:	Alfonso Borrero		ORID ORID	50		
Office Address:	7675 West Irlo Bronson	Highway	E			
Office Addition.	Kissimmee	34747	•			
		, Florida	n codel			
		City) (Zi	p code)			
			шеп паркиу соток			
aving been named as re- signated in this applicat complywith the provision	tion, I hereby accept the a	ppointment as registered agent and agree to to the proper and complete performance of	act in this capacity	. I furthe		
aving been named as re- signated in this applicat complywith the provision	tion, I hereby accept the a ons of all statutes relative ny position as registered d N.A.	ppointment as registered agent and agree to to the proper and complete performance of the contract of the cont	act in this capacity	. I furthe		
aving been named as resistenced in this application of the comply with the provision of a seept the obligations of a	tion, I hereby accept the a ons of all statutes relative ny position as registered a	ppointment as registered agent and agree to the proper and complete performance of feut.  (Registered agent's signature)	act in this capacity my duties, and 1 an	. I furthe		
wing been named as resignated in this applicate complywith the provision cept the obligations of a The name, title or capa	tion, I hereby accept the a ons of all statutes relative my position as registered a N. A. T. city and address of the per	ppointment as registered agent and agree to to the proper and complete performance of the performance of the proper and complete performance of the proper and complete performance of the proper and complete performance of the performance	act in this capacity my duties, and I am	. I furthe		
aving been named as resignated in this applicate complywith the provision cept the obligations of a The name, title or capa	tion, I hereby accept the a ons of all statutes relative my position as registered a N. A. T. city and address of the per	ppointment as registered agent and agree to the proper and complete performance of feut.  (Registered agent's signature)	act in this capacity my duties, and I am	. I furthe		
aving been named as re- signated in this applicat complywith the provision ecept the obligations of a . The name, title or capa	tion, I hereby accept the a ons of all statutes relative my position as registered a N. A. T. city and address of the per	ppointment as registered agent and agree to to the proper and complete performance of the performance of the proper and complete performance of the proper and complete performance of the proper and complete performance of the performance	act in this capacity my duties, and I am	. I furthe		
o complywith the provision coupl the obligations of notice the obligations of notice the coupling title arcapa	tion, I hereby accept the a ons of all statutes relative my position as registered a N. A. T. city and address of the per	ppointment as registered agent and agree to to the proper and complete performance of the performance of the proper and complete performance of the proper and complete performance of the proper and complete performance of the performance	act in this capacity my duties, and I am	. I furthe		
aving been named as re- esignated in this applicate complywith the provision ecept the obligations of n . The name, title or capa	tion, I hereby accept the a ons of all statutes relative my position as registered a N. A. T. city and address of the per	ppointment as registered agent and agree to to the proper and complete performance of the performance of the proper and complete performance of the proper and complete performance of the proper and complete performance of the performance	act in this capacity my duties, and I am	. I furthe		
aving been named as re- resignated in this applicate complywith the provision coupt the obligations of a  The name, title or capa ailblue, LLC, Managing  Attached is a certificate	tion, I hereby accept the a ons of all statutes relative my position as registered a State of the per city and address of the per Member, 7675 West Irlo E	ppointment as registered agent and agree to the proper and complete performance of gent.  (Registered agent's signature)  son(s) who has/have authority to manage is/s  pronson Highway, Kissimmee, Florida 34747	act in this capacity my duties, and I am  are:  al having custody of	. I furthe i familiar		
aving been named as resignated in this applicate complywith the provision complywith the provision complywith the provision coupt the obligations of a true name, title or capa ailblue, LLC, Managing Attached is a certificate risdiction under the law of	tion, I hereby accept the a ons of all statutes relative my position as registered a State of the per Member, 7675 West Irlo E of existence, no more than of which it is organized. (I	ppointment as registered agent and agree to the proper and complete performance of registered agent's signature)  (Registered agent's signature)  son(a) who has have authority to manage is a pronsum Highway. Kissimmee, Florida 34747	act in this capacity my duties, and I am  are:  al having custody of	. I furthe i familiar		
aving been named as resignated in this applicate complywith the provision complywith the provision countries of a complywith the arcapa albhue, LLC, Managing Attached is a certificate risdiction under the law of	tion, I hereby accept the accept the accept she accept the accept the accept the accept the accept and address of the per Member, 7675 West Irlo E of existence, no more than of which it is organized. (I ibmitted)	ppointment as registered agent and agree to the proper and complete performance of gent.  (Registered agent's signature)  son(s) who has have authority to manage is/s  pronson Highway, Kissimmee, Florida 34747  90 days old, duly authenticated by the officing the certificate is in a foreign language, a trans-	act in this capacity my duties, and I am  are:  al having custody of	. I furthe i familiar		
aving been named as resignated in this applicate complywith the provision complywith the provision complywith the provision coupt the obligations of a true name, title or capa ailblue, LLC, Managing Attached is a certificate risdiction under the law of	tion, I hereby accept the accept the accept she accept the accept the accept the accept the accept and address of the per Member, 7675 West Irlo E of existence, no more than of which it is organized. (I ibmitted)	ppointment as registered agent and agree to the proper and complete performance of gent.  (Registered agent's signature)  son(s) who has have authority to manage is/s  pronson Highway, Kissimmee, Florida 34747  90 days old, duly authenticated by the officing the certificate is in a foreign language, a trans-	act in this capacity my duties, and I am  are:  al having custody of	. I furthe i familiar		
aving been named as resignated in this application complywith the provision complywith the name, title or capa all blue, LLC, Managing all blue, LLC, Managing all blue, LLC, managing the translator must be sufficient to the translator must be s	tion, I hereby accept the abons of all statutes relative my position as registered a Manual and address of the per Member, 7675 West Irlo E of existence, no more than of which it is organized. (I shmitted)	ppointment as registered agent and agree to the proper and complete performance of gent.  (Registered agent's signature)  sou(s) who has/have authority to manage is/s pronson Highway, Kissimmee, Florida 34747  90 days old, duly authenticated by the officing the certificate is in a foreign language, a transmitted of an authorized person	act in this capacity my duties, and I am  are:  al having custody of asistion of the certifi	. I further familiar		
aving been named as resignated in this applicate complywith the provision complywith the provision complywith the provision coupl the obligations of a coupling.  The name, title or capa all blue, LLC, Managing coupling the translator must be sufficient to the translator	tion, I hereby accept the abons of all statutes relative my position as registered a script and address of the per Member, 7675 West Irlo E of existence, no more than of which it is organized. (I abmitted)	ppointment as registered agent and agree to the proper and complete performance of gent.  (Registered agent's signature)  son(s) who has have authority to manage is/s  pronson Highway, Kissimmee, Florida 34747  90 days old, duly authenticated by the officing the certificate is in a foreign language, a trans-	act in this capacity my duties, and I am  all having custody of aslation of the certifi  re that any false info	. I further familiar		

H16000072054 3



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SLB HOTEL GROUP, 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 TWENTY-SECOND DAY OF MARCH, A.D. 2016.

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

5778097 8300 SR# 20161787039

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202021099

Date: 03-22-16