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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LOWDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444
Attn: Tami Passley

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

Email Address: barren407@icloud.com

Foreign Limited Liability Company
SLB Hotel Manager, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

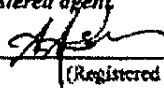
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IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SLB Hotel Manager, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied for
(FEI number, if applicable)
4. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
5. 7675 West Irla Bronson Highway, Kissimmee, Florida 34747
(Street Address of Principal Office)
6. 7675 West Irla Bronson Highway, Kissimmee, Florida 34747
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Alfonso Borrero
 Office Address: 7675 West Irla Bronson Highway
Kissimmee, Florida 34747
 (City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

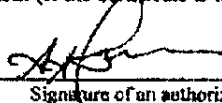
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Alfonso Borrero, Manager, 7675 West Irla Bronson Highway, Kissimmee, Florida 34747

Edward Swain, Manager, 7675 West Irla Bronson Highway, Kissimmee, Florida 34747

Matthew Lawrence, Manager, 7675 West Irla Bronson Highway, Kissimmee, Florida 34747

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alfonso Borrero

Typed or printed name of signer

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H16000072062 3

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SLB HOTEL MANAGER, 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 SIXTEENTH DAY OF MARCH, A.D. 2016.

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



5989676 8300

SR# 20161682880

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 201992063

Date: 03-16-16

H16000072062 3