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COVER LETTER

TO: Registi Divisio	ration Section on of Corporatio	ns				
IS SUBJECT:	LAND HOSPITA	ALITY MANAGEMENT VI	LLC			
50 501 01		Name of I	Limited Liability (Company		
		reign Limited Liability Comp ed to register the above refere				
Please return all	correspondence	concerning this matter to the	following:			
	JENNIFER SA	WYER				
	Name of Person					
	ISLAND HOSPITALITY MANAGEMENT VI LLC					
	Firm/Company					
	222 LAKEVIEW AVENUE, SUITE 200					
	Address WEST PALM BEACH, FL 33401					
		City/Si	ate and Zip Code		**************************************	
	JSAWYER@IH	-CORP.COM				
		E-mail address: (to be used	for future annual	report no	tification)	
For further infor	mation concernin	g this matter, please call:				
JENNI	FER SAWYER		561 at (246-51	88	
	Name o	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, FL 32301		of Corporations ion Section duilding ecutive Center Circle		
	eck for the follow i.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cer of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2015

JENNIFER SAWYER ISLAND HOSPITALITY MANAGEMENT VI LLC 222 LAKEVIEW AVENUE, SUITE 200 WEST PALM BEACH, FL 33401

SUBJECT: ISLAND HOSPITALITY MANAGEMENT VILLC

Ref. Number: W15000065466

We have received your document for ISLAND HOSPITALITY MANAGEMENT VI LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 715A00020813

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ISLAND HOSPITALITY MANAGEMENT VILLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Linbility Company," "L.L.C," or "Ll.C.") 36-4806228 DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 9/16/15 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 222 LAKEVIEW AVENUE SUITE 200, WEST PALM BEACH, FL 33401 (Street Address of Principal Office) 222 LAKEVIEW AVENUE SUITE 200, WEST PALM BEACH, FL 33401 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT CORPORATION Name: 1200 SOUTH PINE ISLAND ROAD Office Address: PLANTATION Florida 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 complywith the provisions of all splintes 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. Angel Nunez Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: BARBARA BACHMAN - VICE PRESIDENT - 222 LAKEVIEW AVE, #200 WEST PALM BEACH, FL 33401 ROGER POLLAK - SR VICE PRESIDENT - 222 LAKEVIEW AVE, #200 WEST PALM BEAH, FL 33401 PHILIP COHEN - SECRETARY - 222 LAKEVIEW AVE, #200 WEST PALM BEACH, FL 33401

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.

BARBARA BACHMAN

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ISLAND HOSPITALITY MANAGEMENT VI 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 SEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

16 APR II PM L: OL



Authentication: 202111385

Date: 04-07-16

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