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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Number : 120060000135 Account Number: I20060000135 Phone : (305)789-3200 : (305)789-3395 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: Crodriquez & dhmhotels, com ن Foreign Limited Liability Company TRU ALL ABOARD FTL GP, LLC Certificate of Status Certified Copy ĺ 02 Page Count

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NAY O 4 2013 ) BRUCE

## 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 MABILITY COMPANYTO TRANSACT BY KINESS IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BU	ISINESS IN THE STATE OF FLORIDA:	
1. TRU ALL ABOARD F		
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o	ir "LLC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Piorida. The alternate na	ame must include "Limited
2. Dolaware	3,	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable	c)
4. May 3, 2016		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
S. 255 Alhambra Circle,		<del></del>
Coral Gables, FL 3313		
066 411 1 01 1 6	(Sirect Address of Principal Office)	
6. 255 Alhambra Circle, S	oute 700	<del>_</del>
Coral Gables, FL 3313	34	
	(Mailing Address)	<del>-</del>
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Donald B. Thompson, II, Esq.	
Office Address:	200 B. Las Olas Blvd., Suite 2100	
	Ft. Lauderdale , Florida 33301	<del></del>
Danishawa da da nasan	(City) (Zip code)	
Registered agent's accep Having been named as re	gistered agent and to accept service of process for the above stated limited lia	bility company at the place
designated in this applicate complywith the provision	lion, I hereby accept the appointment as registered agent and agree to act in a ons of all statutes relative to the proper and complete performance of my duti	ns capacity. I further agree es, and I am familiar with an
	my position as registered agent.	70 B
	15-71	
	(Registered agent's signature)	
8. The name, fitle or cana	acity and address of the person(s) who has/have authority to manage is/are:	
	ager, 255 Alhambra Circle, Suite 760, Coral Gables, FL 33134	
	nager, 255 Alhambra Circle, Suite 760, Coral Gables, FL 33134	
David Buddemeyer, Man	ager, 11770 N. US Highway I, Suite 202, North Palm Beach, FL 33408	<u> </u>
<ol> <li>Attached is a certificate jurisdiction under the law</li> </ol>	of existence, no more than 90 days old, duly authenticated by the official havin 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 sa		
	Signature of an authorized person	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that a the Department of State constitutes a third degree felony as provided for in s.8	my false information 17.155, F.S.
	Carlos J. Rodrianez	. •
	Typed or printed name of signer	<del></del>

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRU ALL ABOARD FTL GP, 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 THIRD DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRU ALL ABOARD FTL GP, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2016.

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

2016 MAY -3 A 9 15

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Date: 05-03-16

5968266 8300 SR# 20162786849

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