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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

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

Foreign Limited Liability Company SSH DI Miami LLC

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S. YOUNG

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Help

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	stration Section ion of Corporations			
SUBJECT		SH DI Miami ĽLC		
.50,7611011		ame of Limited Liability C	ompany	
The enclosed " Existence, and	Application by Poreign Limited Liabilio check are submitted to register the about	y Company for Authorizat e referenced foreign limite	ion to Transact Business in Florida," Certifica d liability company to transact business in Plo	ito of orde
Plaase return a	ll correspondence concerning this matte	r to the following:		
	· · · · · · · · · · · · · · · · · · ·	Pam Makrys		
		Name of Person	****	
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		Firm/Company		क
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		City/State and Zip Code	The state of the s	တ္တ
ı		pmakrys@stepstonehosp	itality.com	<u>5</u>
	E-mall address; (to	be used for future annual,	eport notification)	Š
For further info	mation concerning this matter, please of	all:		
	Pam Makrys	901 at 6	443-2308	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Tivisi Regist P.O. B	ING ADDRESS; on of Corporations: ration Section lox 6327 sasce, FI, 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle l'allahassee, PL 32301	
	heck for the following amount: 5.00 Piling Pee		Pec & \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

SSI	l DI Mismi LLC					
(Native of Pore	eign Limited Liability	Company; must include "L	Limited Liability (Company," "L.L.C.,"	of "LLC")	
f.name:unavailable, enter all ability Company," "L.L.C,	ternate name adopted	for the purpose of transacti	ting business in Fl	orida, The alternate n	ame must include "!	Limited
State of Deleware		3		81-3213036		
(Jurisdiction under the law company is organized)	of which foreign limit	ted liability	(FE	l'number, if applicab	le)	-
	What College			447 Fare V		
	(See sections 60	insacted business in Florida 05.0904 & 605.0905, F.S. to	a, it prior to registi to determine penal	ration.) ty liebility)		
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Providence, RI 02903						
	(Sire	et Address of Principal Offi	Tice)		la dia	on ,
333 Westminster Street Sulte #4					≝	
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Name: CT Corporation System				,	رب دربا	
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egistored agent's accept		(City)		(Zip code)	, -1	
aving been named as reg signated in this applicat complywith the pravision coept the obligations of n	ion, I hereby accep	t the appointment as reg	gistered agènt a l complete perfo	nd agree to act in t	his capacity. I fu as, and I am famil	riher agree.
	1	(Registered agent's	.signāturė)			
. The name, title or capa	city and approprior	the person(s) who has/ha	ave authority to r	nanago is/arc:		
homas J.,Russo /Momb	ST.	333 Westminster Str	treet.Suite #4 Pro	ovidence, RJ 02903	•	
lichelle Russo / Memb	oor	333'Westminster Str	treet Suite:#4 Pro	vidence, RI 02903		
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Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SSH DI MIAMI 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 FOURTEENTH DAY OF JULY, A.D. 2016.

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

SECRETARY OF STATE

6089390 8300 SR# 20164918923

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

Justicey W. Balloca, Secretary of Blades

Authentication: 202660756

Date: 07-14-16