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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I2C160000017

Phone : (800)345-4647

Fax Number

: (800)432-3622

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

jwithrow@whamhg.com . Email Address:

Foreign Limited Liability Company WARAMAUG KISSIMMEE LLC

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Waramoug Kissimmee LLC					
oube.	Name of Limited Liability Company					
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florids," Certificate of me, and check are submitted to register the above referenced foreign limited liability company to transact business in Florids.					
Please	return all correspondence concerning this matter to the following:					
	John B. Withrow					
Name of Person						
	Waramaug Hospitality Asset Management					
	Firm/Company					
	2500 N Military Trail, Suite 275					
Address						
	Boca Raton, Florida 33431					
City/State and Zip Code						
jwithrow@whankg.com						
E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:					
	Teresa Sharpley					
	Name of Contact Person Area Code Daytime 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					
Enclas	ed is a check for the following amount: \$\Begin{align*} \text{S125.00 Filing Fee & Bisson Filing F					

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

IN COMPLIANCE WITH SECTION (US.090), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Waramaug Kissimmee	LLC sign Limited Liability Company; must in	ichide "Umited Liabi	lify Commany wall C wor	er r Com
				·
Liability Company," *L.L.C,	ternate name adopted for the purpose of "CLC.")	fronsacting business	in Florida. The alternate nam	ne must include "Limited
2. Dolaware		2 81-3902180		
	of which foreign limited Hability	»	(PEI number, if applicable	
4				
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in (See sections 605.0904 & 605.090	n Florids, if prior to a DS, F.S. to determine	ogistration.) pensity liability)	-
5. o/o Waramang Hespita	lity Asset Management			-
2500 N Military Trail,	Suite 275, Boca Reton, Florida 334			_
	(Street Address of Prin	cipal Office)	. , ,	_
6. c/o Waremaug Hospital	ity Asset Management.	 		_
2500 N Military Trail,	Suite 275, Boca Raton, Florida 3343			-
7. Name and street address	s of Florida registered agent: (P.O.	Box <u>NOT</u> acceptal	ble)	
Name:	Waramaug Hospitality Asset Mana			
Office Address:	2500 N Military Trail, Suite 275			
	Boca Raton		, Florida ³³⁴³¹	-
Registered agent's accept	(City)		(Zip code)	
designated in this application to comply with the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro my position as registered agent.	int as registered ag	ept and agree to act in the	is canacity. I further agree
	(Registered	i agent's signaturo)		-
	city and address of the person(s) wh	o has/have authorit	y to manago is/are:	
Paul A. Nussbaum, Mana		- · · · · · · · · · · · · · · · · · · ·		
2500 N Military Trail, Sui				
Boca Raton, Florida 3343	1			
	of existence, no more than 90 days of which it is organized. (If the certifiabilitied)			
	Signature of a	en authorized person		-
This document is executed submitted in a document to	in accordance with section 605.020; the Department of State constitutes	3 (1) (b), Florida St a third degree felor	ntutes. I am aware that any ly as provided for in s.817	v false information .155, F.S.
	Paul Nussbaum			_
	Typed or print	ted name of signee		_

Delaware

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

DELAWARE, DO HEREBY CERTIFY "WARAMAUG KISSIMMEE 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-SEVENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WARAMAUG KISSIMMEE LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2016.

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

6152829 8300 SR# 20165956147

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

Country of Section 1 agents

Authentication: 203063987

Date: 09-27-16