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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

57

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (950)205-8842 Fax Number : (950)878-5368

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

Email Address:

Foreign Limited Liability Company

TRAVELERS PALM KEY WEST GROUP, LLC

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K. SALY

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Travelers Palm Key West Group LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Robert Stewart Name of Person
Travelers Palm Key West Group, LLC Firm/Company
387 Medina Rd Suite 400
Meding 014 44356 City/State and Zip Code
rstewart@rileyhg.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Stewart at (330) 590-8034 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 MAILING ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{l} \\$125.00 \] \Filing Fee & \$\Begin{array}{l} \\$130.00 \] \Filing Fee & \$\Begin{array}{l} \\$155.00 \] \Filing Fee & \$\Begin{array}{l} \\$160.00 \] \Filing Fee, Certificate \\ Certificate \] \Certificate \(\Conv \) \Rightarrow \(\Conv \) \Rightarrow \Filing Fee \(\Conv \) \Rightarrow \Centificate \(\Conv \) \Rightarrow \(\Conv \) \Rightarrow \Filing Fee \(\Conv \) \Rightarrow \Centificate \(\Conv \) \Rightarrow \(\Conv \) \Rightarrow \Rightarrow \Centificate \(\Conv \) \Rightarrow \Rightarrow \(\Conv \) \

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Travelers Palm Key West Group, LLC (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 husiness in Florida. The alternate name must include "Limited Limited Company," "L.L.C.," or "LLC.")
2. Ohio (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-3716382 (FEI number, if applicable)
4. November 2016 (Date first transacted business in Plorids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 387 Medina Rd Suite 400
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 387 Meding Rd. Suite 400 Meding OH 44256 (Street Address of Principal Office) 6. 387 Meding Rd. Suite 400
6. 387 Medina Rd. Suite 400
Medina, OH 44356 (Muiling Address) 7. Narne and street address of Florida registered agent: (P.O. Box NOT acceptable)
C.T. Comparation System
Name;
Unice Address:
Plantation , Plorida 33324 (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 complywith 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. CT Corporation System Nicho Cromocol.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:
Joseph Moffa Partner - 387 Meding Rd Suite 400 Meding OH 44256
Pouglas Lechr - Partner - 387 Medina Rd. Suite 600 Meding, OH 44256
Robert Stewart-Chief Financial officer- 387 Meding Rd Suite 400 Meding OH 44556
9. Attached is a cortificate 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.
Robert Stewart Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TRAVELERS PALM KEY WEST GROUP, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3934626, was organized within the State of Ohio on August 25, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of October, A.D. 2016.

Ohio Secretary of State

Jon Histel

Validation Number: 201628104160