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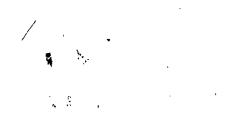


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BRUBAKER CONNAUGHTON GOSS & LUCARELLI LLC ATTORNEYS AT LAW

David C. Potts, Paralegal

davidp@hcgl-law.com

November 14, 2016

Via Federal Express

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Re: Lake Nona Hotel, LLC

Dear Sir or Madam:

Enclosed please find an Application by Foreign Limited Liability Company, for filing in your office regarding Lake Nona Hotel, LLC. Please return confirmation of the filing to our office at your earliest convenience.

Thank you for your prompt attention to this matter. If you have any questions, or if you need anything additional, please feel free to contact me.

With kind regards.

Sincerely.

Paralegal

dp/324556

cc:

Theodore L. Brubaker, Esquire (via electronic mail)

Frederick W. and Beverly A. Steudler

COVER LETTER

TO:

TO:		ation Section n of Corporation	s				
SUBJE		ke Nona Hotel, L	LC				
			Name of l	Limited Liability (Company		
			eign Limited Liability Comp d to register the above refere				
Please r	eturn all	correspondence c	oncerning this matter to the	following:			
		Theodore L. Br	ubaker, Esquire				
		·	Na	ame of Person			
		Brubaker Conna	aughton Goss & Lucarelli L	LC			
			Fi	rm/Company			
		480 New Hollar	nd Ave., Suite 6205				
				Address			
		Lancaster, PA 1	7602				
			City/St	tate and Zip Code			
		bsteudler@comca	ast.net				
	-		E-mail address: (to be used	l for future annual	report not	ification)	
For furt	her infori	nation concerning	g this matter, please call:				
	David (C. Potts		717 at (945-57	45	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ition Section x 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclose		ck for the followi .00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee. Ce of Status & Certified Cop.	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited inability Company." "L.L.C." or "LLC.") Delaware 3. 81-3603487 (FEI number, if applicable) Company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7335 River Road Conestoga, PA 17516 (Street Address of Principal Office) 7335 River Road Conestoga, PA 17516 (Mailing Address) (Mailing Address) (Mailing Address) (Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: InCorp Services, Inc. Office Address: Loxahatchee Florida 33470 (City ode) Registered agent's acceptance: flaving been named as registered agent and to accept service of process for the above stated limited liability company at the plus estimated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of my position as registered agent. (Registered agent and agent and address of the person(s) who has/have authority to manage is/are: Frederick W. Steudler, Manager		C ternate name adopted for the purposi	e of transacting his	siness in Florida. The alternate na	me must includ	e "Limit	ited
Concestogs PA 17516 Conc	iability Company," "L.L.C,"		or manageming out				
Date first transacted business in Florida. if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 7335 River Road Conestoge, PA 17516 (Street Address of Principal Office) 7335 River Road Conestoga, PA 17516 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: InCorp Services. Inc. Office Address: Loxahatchee Florida City) (City) Cip code) Registered agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the place of complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent. (Registered agent's signature) Kathy Shin on behalf of InCorp Services, Inc. (Registered agent's signature)	Delaware		3. 81-36034				
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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.

Signature of an authorized person

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LAKE NONA HOTEL, 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 NINTH DAY OF NOVEMBER, A.D. 2016.

16 NOV 15 AM II: 39

Authentication: 203304663

Date: 11-09-16

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