# 1416000009597

(Req	uestor's Name)					
(Address)						
(Address)						
(City	/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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NDA

DEC 0 2 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE: 386435 \_\_7527656

AUTHORIZATION

COST LIMIT: \$ 125.00

ORDER DATE: December 1, 2016

ORDER TIME: 10:04 AM

ORDER NO.: 386435-010

CUSTOMER NO: 7527656

FOREIGN FILINGS

NAME: HHLP COCONUT GROVE RC

ASSOCIATES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### COVER LETTER

TO:	Registration Section Division of Corporations				
SHRII	HHLP COCONUT GROVE RC ASSOCIATES, LLC				
SQD01	Name of Limited Liability Company				
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific, and check are submitted to register the above referenced foreign limited liability company to transact business in				
Please	turn all correspondence concerning this matter to the following:				
	Thea Parent, Esq.				
	Name of Person				
Hersha Hospitality Trust					
Firm/Company					
	510 Walnut Street, 9th Floor				
	Address				
	Philadelphia, PA 19106				
	City/State and Zip Code				
	legal@hhmlp.com				
	E-mail address: (to be used for future annual report notification)				
For fur	er information concerning this matter, please call:				
	Thea Parent 215 238-1046 ext. 2439 at ( )				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclos	is a check for the following amount:  \$\Boxed{\Pi}\$ \$125.00 Filing Fee \$\Boxed{\Pi}\$ \$130.00 Filing Fee & \$\Boxed{\Pi}\$ \$155.00 Filing Fee & \$\Boxed{\Pi}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy	ite			

## 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. HHLP Coconut Grove					
(Name of Fore	eign Limited Liability Company; must incl	lude "Limited Liab	ility Company," "L.I	C.," or "LLC.")	
(If name unavailable, enter al	Iternate name adopted for the purpose of tr	ransacting business	s in Florida. The alter	mate name must inc	clude "Limited
Liability Company," "L.L.C,	" or "LLC.")	01 4531007			
2. Delaware - 11-23-16	of which foreign limited liability	3. <u>81-4521907</u>	(FEI number, if ap	nliceble)	
company is organized)	of which foreign fiffiled liability		(FEI number, it ap	pricatore	
4. Upon filing	/Data Contact and I had a series	Elasida ifasioa to	Intration \		
	(Date first transacted business in (See sections 605.0904 & 605.0905	Florida, it prior to i, F.S. to determine	penalty liability)		
5. 44 Hersha Drive					
Harrisburg, PA 17102	•				
	(Street Address of Princi	ipal Office)			
6. 510 Walnut Street, 9th	Floor				
Philadelphia, PA 1910	6				
	(Mailing Addre	ess)		· · · · · · · · · · · · · · · · · · ·	
7. Name and street addres	ss of Florida registered agent: (P.O. B	Box NOT accept	able)		
Name:	Corporation Service Company		=		5
Office Address:	1201 Hays Street		_		23.0
	Tallahassee		. Florida 32301	)	The same
	(City)	<del></del>	(Zip	code)	
designated in this applica to complywith the provisi	egistered agent and to accept service of attention, I hereby accept the appointmentions of all statutes relative to the proping position as registered agent.  Corporation Service Company	it as registered a	gent and agree to t	act in this capaci	tý. I fjýrther agree m fámiliar with an
	(Registered	agent's signature)		Asst. Vice P	resident
8. The name, title or cap	acity and address of the person(s) who	has/have author	ity to manage is/are	e:	
-	y is HHLP Coconut Grove RC Manage				
44 Hersha Drive, Harrish	ourg, PA 17102				-
	<u> </u>	<u></u>			_
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days of which it is organized. (If the certification)	ld, duly authentic leate is in a foreig	cated by the official	I having custody of slation of the cert	– of records in the ificate under oath
	Signature of ar	n authorized perso	n		
This document is execute submitted in a document t	d in accordance with section 605.0203 to the Department of State constitutes a	(1) (b), Florida : a third degree felo	Statutes. I am aware ony as provided for	e that any false in in s.817.155, F.S	formation S.

Ashish R. Parikh, Manager of HHLP Coconut Grove RC Manager, LLC

Page 1

# <u>Delaware</u>

### The First State

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

DELAWARE, DO HEREBY CERTIFY "HHLP COCONUT GROVE RC ASSOCIATES, 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 FIRST DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HHLP COCONUT GROVE RC ASSOCIATES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2016.

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

6226593 8300 SR# 20166855059

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

Jenney W. Bulloca, Secretary or State

Authentication: 203425994

Date: 12-01-16