

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000091323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Account Number : I20010000202

; (941) 954-4691

Fax Number

: (941)954-2128

**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 SUNCOAST HOSPITALITY PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JAN 1 7 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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. Suncoast to Spitality Partners LLC (Name of Foreign Limited Liability Company; must include "Limited Gability Company," "L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C," or "I.L.C.")
2 Delaware 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. January 11, 2017
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)
5. 401 S. talm Avenue, Unit 1102
Sarasota, FL 34236
6. 401 S. Talm Avenue, Unit 1102
Sarasota, FC 34236 ESS
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: John M. Compton
Office Address: 1819 Main Street, Suite 610 @ 35
Sarasota, Florida 34236 2 55 (City) (Zip code)
(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 an accept the obligations of my position as registered agent.
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Richard Rivera Manager
401 S. Palm Avenue, Unit 1102
Sarasota, FL 3+23L
9. Attached is a certificate 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 (2) (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.
John M. Compoton
Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNCOAST HOSPITALITY PARTNERS, 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 TWELFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNCOAST HOSPITALITY PARTNERS, LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2016.

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

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

Authentication: 201861125

Date: 01-12-17



January 12, 2017

FLORIDA DEPARTMENT OF STATE

NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

SUBJECT: SUNCOAST HOSPITALITY PARTNERS, LLC

REF: W17000002320

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We need a Good Standing Certificate not a receipt from Delaware.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Salva Regulatory Specialist II FAX Aud. #: E17000009132 Letter Number: 317A00000713

2017 JAN 13 AN II SECAL MAYER WA

. M. K.

P.O BOX 6327 - Tallahassee, Florida 32314

(4 pages)