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| (Requ | uestor's Name |) | | | | |
|---|----------------|--------------|--|--|--|--|
| (Addr | ress) | | | | | |
| (Addr | ess) | | | | | |
| (City/ | State/Zip/Phor | ne #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificate | es of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| TO: | | ration Section on of Corporatio | ns | | | | | | |
|-----------|--------------------------------|--|---|-------------------------|---|--|--|--|--|
| SUBJEC | | le on the Ocean, | LLC | | | | | | |
| | | Name of Limited Liability Company | | | | | | | |
| The encl | losed "A | application by Fo heck are submitte | reign Limited Liability Comp ed to register the above refere | enced for Authorization | ation to Tr ted liabilit | ansact Business in Florida," Certificate of cy company to transact business in Florida. | | | |
| Please n | cturn ail | correspondence | concerning this matter to the | following: | | | | | |
| | | Melissa Garre | 1 | | | | | | |
| | | | N | ame of Person | | | | | |
| | | Noble House Hotels & Resorts, Ltd. | | | | | | | |
| | | | Fi | rm/Company | | <u></u> | | | |
| | | 600 6th Street | South | | | | | | |
| | | | | Address | | | | | |
| | | Kirkland, WA 98033 | | | | | | | |
| | | | City/St | tate and Zip Code | 1 | | | | |
| | | mgarred@noble | | | | | | | |
| | | | E-mail address: (to be used | for future annua | report no | tification) | | | |
| For furth | er infor | mation concernin | g this matter, please call: | | | | | | |
| | Melissa Garred | | | 425 at (| 636-56 | 44 | | | |
| | | Name o | of Contact Person | Area Code | Day | rtime Telephone Number | | | |
| | Divisio Registra P.O. Bo | NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314 | | | Division Registrati Clifton B 2661 Exe | CADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301 | | | |
| | | ck for the follow .00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | \$155.00 Filin | ng Fee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy | | | |

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. Sole on the Ocean, LLC | 2 | | | |
|---|---|--|--|---|
| (Name of Fore | ign Limited Liability (| Company; must include "L | imited Liability Company," "L.L.C.," or "LL | 2.") |
| Liability Company," "L.L.C, | • | for the purpose of transact | ing business in Florida. The alternate name mi | ıst include "Limited |
| 2. Delaware | | 3 | | |
| (Jurisdiction under the law company is organized) | of which foreign limite | ed liability | (FEI number, if applicable) | |
| 4. 12/27/2016 | | | | |
| | (Date tirst tran (See sections 60: | nsacted business in Florida 5.0904 & 605.0905, F.S. t | i, if prior to registration.) o determine penalty liability) | |
| 5. 600 6th Street S | | | | |
| Kirkland, WA 98033 | | , | | |
| | (Stree | of Address of Principal Of | ice) | |
| 6. 600 6th Street S | | | | |
| Kirkland, WA 98033 | | | | 17 |
| | ······································ | (Mailing Address) | | - |
| 7. Name and <u>street addres</u> | s of Florida registere | ed agent; (P.O. Box No | <u>OT</u> acceptable) | 17 JAH 17 Jiveena |
| Name; | InCorp Services, Inc. | | | 1 |
| Office Address: | 17888 67th Court I | North | | , PA |
| | Loxahatchee | | , Florida | 1 |
| | | (City) | (Zip code) | , O |
| designated in this applica | tion, I hereby accept ons of all statutes re | t the appointment as re lative to the proper and | ess for the above stated limited liability of gistered agent and agree to act in this call complete performance of my duties, and Kathy Shin on behalf of Incompany | pacity. I further agree d I am familiar with and |
| 8. The name, title or capa | city and address of t | he person(s) who has/h | ive authority to manage is/are: | |
| John M. Donoghue, Autho | - | | | |
| 600 6th Street S, Kirkland | . WA 98033 | | <u> </u> | |
| | | | | |
| | of which it is organiz | zed. (If the certificate is | authenticated by the official having custo in a foreign language, a translation of the | |
| | | | , Florida Statutes. I am aware that any fals | |
| indunted in a document to | John M. Donoghue | | legree felony as provided for in s.817.155, | , r.s. |

Typed or printed name of signee

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOLE ON THE OCEAN, 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 FOURTH DAY OF JANUARY, A.D. 2017.

6262931 8300

SR# 20170052445

Authentication: 201818342

Date: 01-04-17