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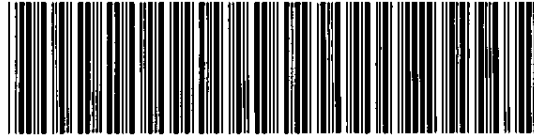
(Business Entity Name)

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SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 2-3-17

Name:	Scarlett Hotel Management, LLC
Document #:	Maggie @ Paracet
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Certificate of Good Standing:				
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Amount: \$ 125.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Searlett Hotel Management, 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:

Andrew Searlett

Name of Person

Searlett Hotel Management, LLC

Firm/Company

4117 Hillshoro Pike, Suite 10255

Address

Nashville, Tn 37215

City/State and Zip Code

Andrew.Searlett@searletthotelgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Alexander

615

259-6721

Name of Contact Person

at ()
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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. Scarlett Hotel Management, 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 business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Tennessee 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEF number, if applicable)

4. upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4117 Hillsboro Pike, Suite 10255
Nashville, TN 37215
(Street Address of Principal Office)

6. 4117 Hillsboro Pike
Nashville, TN 37215
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 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 comply with 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.

By: Natalie Leiba-Paul
(Registered agent's signature)

Natalie Leiba-Paul, Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Andrew Scarlett, Member

4117 Hillsboro Pike, Suite 10255

Nashville, TN 37215

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)

Andrew Scarlett
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.

Andrew Scarlett

Typed or printed name of signer

FILED
17 FEB -3 AM 8:15
CLERK OF COURT



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

February 3, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0227921

Issuance Date: 02/03/2017
Copies Requested: 1

Document Receipt

Receipt #: 003090735 **Filing Fee:** \$20.00
Payment-Check/MO - CFS, NASHVILLE, TN \$20.00

Regarding:	Scarlett Hotel Management, LLC	Control #:	885868
Filing Type:	Limited Liability Company - Domestic	Date Formed:	01/27/2017
Formation/Qualification Date:	01/27/2017	Formation Locale:	TENNESSEE
Status:	Active	Inactive Date:	
Duration Term:	Perpetual		
Business County:	DAVIDSON COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Scarlett Hotel Management, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Verification #: 021040716