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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Email Address:

: (614)280-3338

Fax Number

: (954)208-0845

**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 GASS Hotel Associates I, L.C.

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

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Corporate Filing Menu

Help

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

	TION 605.0902, FLORIDA STATUTE ISINESS INTHE STATE OF FLORID		NG IS SUBMITTED	TO REGISTER A F	OREIGN LIMITED LIABILITY
	ociates I. L.C. , J., I.C.	r a)			
	eign Limited Liability Company; mu	ist include "Limit	ed Liability Compa	any," "L.L.C.," or "	LLC.")
Thomas unavailable sylvad	ternate name adopted for the purpo.		talisan in Plantin	The olfavours norms	must include it imited
Liability Company," "L,L,C,"	or "LLC.")	te of transacting o	usmess in rioria.	The atternite name	must member thisned
2. Virginia		3	54-199	5733	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FRI num	ber, if applicable)	
4					
	(Date first transacted busin (See sections 605,0904 & 605	ess in Florida, if p	rior to registration.	.) nility)	
5 3357 Manor Grove C		The state of the s	erratione frametry man	. ,	MITER 16 M 9: 05
Clas Allen III 2706	·^	 			
Glen Allen, VA 2305		B			
, 3357 Manor Grove C	(Street Address of	Principal Office)			克克 石
0.					
Glen Allen, VA 2305					沙泉 多
	(Mailing	Address)			70 9
7. Name and street addres	s of Florida registered agent: (P	O, Box NOT a	cceptable)		<u> </u>
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation			33324	
	(City)	A	, Florida _	(Zip code)	
Registered agent's accept	tance:			•	
	gistered agent and to accept ser tion, I hereby accept the appoin				
to complywith the provision	ons of all statutes relative to the	properand com	plete performun	ce of my duties, a	nd I am familiar with and
accept the obligations of n	ny position as registered agent.		مساسل	Madonna Cu	iddihv
			Spe	Cial Assistant	Secretary
	(icegis)	cred agent's signa	(hire)		
	city and address of the person(s)			ge is/arc:	
Rebecca D. Duke as Pres	ident of Duke Management Serv	vices, Inc Man	ager		
10286 Staples Mill Road	, #807, Glon Allen, VA 23060				
				* *** ,* ,, , , , , , , , , , , , , , ,	
					
9. Attached is a certificate	of existence, no more than 90 da	ys old, duly auth	enticated by the	official having cus	nody of records in the
jurisdiction under the law of of the translator must be sul	f which it is organized. (If the cobmitted)	artificate is in a r	oreign language,	a translation of th	e certificate under oath
********		- 10	10. La		
•	Relieve	of an authorized r	ersun		
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submitted in a document to	in accordance with section 605.0 the Department of State constitution	tes a third dogree (בע) ני) ניט	rua sunutes, i ant g fotony as provid	i aware that any fa led for in s.817,15	iso information 5, F.S.
		rinted name of sig			
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Commonficalth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

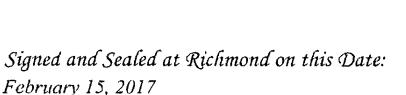
I Certify the Following from the Records of the Commission:

That GASS Hotel Associates I, L.C. is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 30, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.





Joel H. Peck, Clerk of the Commission

CISECOM

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850-617-6381

2/17/2017 11:53:12 AM PAGE 1/001 Fax Server



February 17, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: GASS HOTEL ASSOCIATES I, L.C.

REF: W17000014127

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.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

EXAMPLE: "GASS HOTEL ASSOCIATES I, L.C., LLC" on line one.,

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 Saly Regulatory Specialist II FAX Aud. #: E17000045491 Letter Number: 917A00003182

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P.O BOX 6327 - Tallahassee, Florida 32314