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SECRETARY OF STATE OF

The Hotels

COVER LETTER

TO:

Registration Section

Division (of Corporation	S					
SUBJECT: BI 13	3 LLC						
	Name of Limited Liability Company						
					nsact Business in Florida," (company to transact busine		
Please return all co	orrespondence c	oncerning this matter to the	following:				
1	lan Glaser						
-	Name of Person						
1	BI 13 LLC						
-	Firm/Company						
:	2601 South Bayshore Drive, Suite 1460						
Address							
ì	Miami, Florida 33133						
-		City/St	tate and Zip Code				
ia	n.glaser@bridge	einvest.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further information	ation concerning	this matter, please call:					
Ian Glase	r		305 at (749-988	37		
	Name of	Contact Person	Area Code	Day	time Telephone Number		
Division of Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ec, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclosed is a check ■ \$125.0	k for the followi 0 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer 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 BI 13 LLC			
(Name of Fore	eign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting	business in Florida. The alternate name	must include "Limited
2. Pennsylvania	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. 2/22/17		 	
	(Date first transacted business in Florida, it (See sections 605.0904 & 605.0905, F.S. to d	t prior to registration.) letermine penalty liability)	
5. 2601 South Bayshore	Drive, Suite 1460		·
Miami, Florida 33133			17 R
	(Street Address of Principal Office	:)	3 3 3 T
6. 2601 South Bayshore I	Drive, Suite 1460		FE8 27
Miami, Florida 33133			
	(Mailing Address)		OF STATE
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT	'accentable)	- $\frac{1}{2}$
Name:	Alex Hom	_uccopulate)	
Office Address:	2601 South Bayshore Drive, Suite 1460		
	Miami	, Florida 33133 (Zip code)	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	egistered agent and to accept service of proces tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and co my position as registered agent.	stered agent and agree to act in this omplete performance of my duties, a	capacity. I further agree
	(Registered agent's sig	gnature)	
8. The name, title or caps	acity and address of the person(s) who has/have	e authority to manage is/are:	
Alex Horn, Manager	•	. •	
2601 South Bayshore Dri	ve, Suite 1460		
Miami Florida 33133			
9. Attached is a certificate jurisdiction under the law of the translator must be so	Akon	a foreign language, a translation of the	stody of records in the ne certificate under oath
	Signature of an authorize	ed person	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b), For the Department of State constitutes a third deg	Florida Statutes. I am aware that any fagree felony as provided for in s.817.13	alse information 55, F.S.

Typed or printed name of signee

Alex Horn

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/22/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BI 13 LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170222100616-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx