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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (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.\*\*

Email Address:\_

## Foreign Limited Liability Company HDP Investment Fund II, LLC

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Help

## COVER LETTER

SUBJECT:	IIDPInvestmentFu	ndII,LLC				
SC/DJE/C.1.	, <u></u>	Nume of I	Limited Liability Co	onipany	and the state of t	
The enclosed Existence, ar	i "Application by Fore id check are submitted	ign Limited Liability Comp I to register the above refere	oany for Authorizati enced foreign limite	on to Tra d liability	nsact Business in Florida," Certificate of company to transact business in Florida	
Please return	all correspondence of	oncorning this matter to the	following:			
	Allen T.O'Brien	n				
		N	ame of Person		renner verse faring in the first state of the state of th	
	HDPInvestme	ntfundll,LLC				
	Firm/Company					
	SixConcoursel	arkway,Suite2075				
	Atlanta, GA 30	328				
		City/8	tate and Zip Code			
	bcox@hdpfunds.	com				
	**************************************	E-mail address. (to be used	d for future annual i	eport not	fication)	
For further in	aformation concerning	g this matter, please call				
Be	tte Cox		4()4 at (	842-143	· · · · · · · · · · · · · · · · · · ·	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P C	MLING ADDRESS: ision of Corporations gistration Section b. Box 6327 tahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS:  of Corporations  on Section  uilding  cutive Center Circle  cc, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Boxed{\square}\$ \$\\$130.00 \text{ Filing Fee & }\\$Certificate of Status	S155 00 Filing Certified Copy	g Fee &	☐ \$160 00 Filing Fee, Cartificate of Status & Certified Copy	

12122023573 From: Kimberly Laughrey

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

	TION 605 0002, FLORIDA STATUTES, TI. SINESS IN THE STATE OF FLORIDA:	TE FOLLOWING IS S	DBMITTED TO REGISTER A	FOREIGN I	LIMITED LIABILITY
, HDPInvestmentFund					
(Name of Ford	eign Limited Liability Company; must in	nclude "Linuted Liab	ility Company, ""L.L. C" or	"LLC")	-
	lternate name adopted for the purpose of	f transacting business			
Dolaware		P.			
(Jurisdiction under the law company is organized) April 19 2017	of which foreign limited liability	<i>3.</i>	(FEI number, if applicable	)	
4	(Date first transacted business i (See sections 603.0904 & 605.090	in Florida, il prior to	registration.)		
Sixt 'oncourse Parkage	(See sections 605.0904 & 605.0904 ay,Suite2075,Atlanta,GA30328	05, F.S. to determine	benalty Habitity)		
5 Mixt. offeddisci arkwa	ay,5utte2075,7thatha,077,50,526			<del>-</del>	
	(Street Address of Prin	ncipal Office)			
6. SixConcourseParkwa	y,Suite2075,Atlanta,GA30328				
·····	(Mailing Ado	diess)		_	
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT accepts	ible)		
Name:	CTCorporationSystem			2	
Office Address	1200 SouthPincIslandRoad		-	, . , .	17 <i>f</i> .
Office Address	Plantation		- 33324		
	(City)		(Zip ende)	- 65 ·	(C)
Registered agent's accep	tance: gistered agent and to accept service	a at measure for the	e akone stated limited liah	iliw comm	and at the place
designated in this applica	tion, I hereby accept the appointme	ent as registered up	gent and agree to act in th	iis capacity	:. Hurther, agree
to complywith the provisi	ons of all statutes relative to the pro my position as registered agent.	oper <mark>and</mark> complete	performance of my dutie	s, and I un	n fainiliar with an
accept the obligations by	Don Position as registered agents,	Michael Jone	Contrary.	7	<u> </u>
	my position as registered agent.  By: (Registere	ed agent's signature)	retary	<del></del>	
	acity and address of the person(s) whentofHotelDevelopmentPartners,			1 C	
		noragamara, octo,	117) The Stille in Charles	1,0	
SixConcourseParkway,	Suite2075,Atlanta,GA30328				
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days of which it is organized. (If the certification)	ificate is in a forcig	ated by the official having in language, a translation o	; eustody ei of the certif	frecords in the Scate under oath
	Signature of	an authorized persor	1		
This document is executed submitted in a document to	d in accordance with section 605 020 o the Department of State constitutes	03 (1) (b), Florida 5 s a third degree feli	Statutes, I am aware that ar ony as provided for in s 81	ny false infe 7.155, F.S	ormation

Allen T. O'Brien, President of Hotel Development Partners, LLC, Manager Typed or printed name of signee

## <u>Delaware</u> The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HDP INVESTMENT FUND II, 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 TWENTIETH DAY OF APRIL, A.D. 2017.

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

Bay

.1.1

5680899 8300
SR# 20172665922
You may verify this certificate online at corp.delaware.gov/authver.shtml

Just by W. Distact, Secretary of Stiffs

Authentication: 202407098

Date: 04-20-17