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DEPARTMENT OF STATE

4PR 2 6 2017 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 612996 4814233

AUTHORIZATION : Kingly &

COST LIMIT : (\$\\125.00

ORDER DATE: April 24, 2017

ORDER TIME : 9:57 AM

ORDER NO. : 612996-005

CUSTOMER NO: 4814233

## FOREIGN FILINGS

NAME: PHVIF GAINESVILLE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations			
SUBJE	PHVIF Gainesville, LLC			
	Name of Limited Liability Company			
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," ( ice, and check are submitted to register the above referenced foreign limited liability company to transact busine			
Please	return all correspondence concerning this matter to the following:			
	Angela E. Biernath, Paralegal			
	Name of Person			
	Morris, Manning & Martin, LLP			
	Firm/Company			
	3343 Peachtree Road NE, Suite 1600	7 APR 25		
	Address			
	Atlanta, Georgia 30326	Y 64 TONE BEALTH		
	City/State and Zip Code	<b>6.</b> ±3 €		
	kcadin@peachtreehotelgroup.com	<b>5</b>		
	E-mail address: (to be used for future annual report notification)			
For furt	her information concerning th <del>is matter, please call:</del>			
	Angela E. Biernath, Paralegal 404 504-7725			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclose	d is a check for the following amount:  \$\Boxed{1}\$\$ \$125.00 \text{ Filing Fee}  \text{\$\Omega\$}\$\$ \$130.00 \text{ Filing Fee} &  \text{\$\Omega\$}\$\$ \$160.00 \text{ Filing Fee}, \text{ Certified Copy}  \text{of Status & Certified Copy}			

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

PHVIF Gainesville, LL			
(Name of Fore	ign Limited Liability Company; must include "Lunite	d Liability Company," "L.L.C.," or "LLC.")	
Liability Company," "L.L.C,"			nolude "Limited
2. Georgia	3. 82-1217	7100	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. 04/18/2017			
	(Date first transacted business in Florida, if professions 605.0904 & 605.0905, F.S. to dete	rior to registration.) ermine penalty liability)	
5. 5607 Glenridge Drive,	•	•	
Atlanta, Georgia 30342	<u> </u>		
	(Street Address of Principal Office)		
6. 5607 Glenridge Drive,	Suite 430		
Atlanta, Georgia 30342			APR
	(Mailing Address)		20 AM
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT a	cceptable)	) (A
Name:	Corporation Service Company		200 mg (200 mg)))))))))))))))))))))))))))))))))))
Office Address:	1201 Hays Street		8: <b>4:2</b>
	Tallahassee	, Florida <u>32301</u>	∞ '≨ '
	(City)	(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of process find, I hereby accept the appointment as registerons of all statutes relative to the proper and commy position as registered agent. Corporation Service Company By:	red agent and agree to act in this capace uplete performance of my duties, and I de  Melices 7 and	ity. I further agree am familiar with and
	(Registered agent a signa	Asst. Vice Pres	
8. The name, title or capa	city and address of the person(s) who has/have a	uthority to manage is/are:	ident
Peachtree Hotel Value &	ncome Fund Operating Partnership, LP (Manage	er)	
5607 Glenridge Drive, Su	ite 430		_
Atlanta, Georgia 30342			_
	of existence, no more than 90 days old, duly author which it is organized. (If the certificate is in a bimitted)		
	4	2000	
	Signature of an authorized p		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Flo the Department of State constitutes anthird degre	rida Statutes. I am aware that any false in e felony as provided for in s.817.155, F.S	formation S.
	Typed or printed name of sig	ince	

Control Number: 17042963

## STATE OF GEORGIA

**Secretary of State Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr.

#### CERTIFICATE OF EXISTENCE

Atlanta, Georgia 30334-1530

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### PHVIF Gainesville, LLC

## a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction Print Date

: 04/18/2017 : Georgia : 04/24/2017

: 14491690







Brian P. Kemp Secretary of State