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Account Name : C T CORPORATION SYSTEM

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COVER LETTER

		XHR ORLANDO CYPRE	SS TRS LLC			
SUBJECT:	موسديه ممروز و وسيسيد وو و و پويوسيد ايد الله فرهنشد واديمايد	Name of	Limited Liability	Company	AND PROPERTY. COMMENTATION OF THE PARTY OF T	
The enclosed "/ Existence, and i	Application by Fe check are submitt	reign Limited Elability Coin ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabili	ansact Business in Florida," ty company to transact busin	Certificate of ness in Florida.
Picase return al	l correspondence	concerning this matter to the	: following;			
	Taylor C. Kes					
	And the state of t	N	lame of Person			
	XHR Orlando	Cypress LLC				
	Firm/Company					- ZY
		Avenue, Suite 2700				TAPR 26 AM 9: 07
	The second of th		Address			¥38 ₹26
	Orlando, FL 3	2801				EE, FLORIO
	Anny of the Parish of the Control of	City/S	state and Zip Code			9. [9]
	.cmcknight@Xe					9
	M	E-mail address: (to be use	d for future annua	l report no	tification)	
For further info	rmation concernir	ig this matter, please call:				
Carol	McKnight	of Contact Person	407 ai (246-81	129	
dy aminy dip mingella page a	Name	of Contact Person	Area Code	Day	ytime: Telephone Number	
Divisio Registi P.O. B	ING ADDRESS in of Corporation ration Section ox 6327 ussee, FL 32314	S		Division Registrat Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section suilding: ecutive Center Circle see, FL 32301	
Enclosed is a ch	eck for the follow \$.00 Filing Fee	ring amount: \$\square\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Fili Certified Copy		■ \$160,00 Filing Fee; Ce of Status & Certified Cop	
			ş.			

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

	TION 605,0902, FLORIDA STATUTES, TI. ISINESS IN THE STATE OF FLORIDA:	HE FOLLOWING IS SUI	RMITTEĎ TO REGISTER A FO	DREKIN LIMITED LLABILITY
	DO CYPRESS TRS LLC			
(Name of For	eign Limited Liability Company; must in	nclude "Limited Liabili	ty Company," "L.L.C.," or "L	I.C.")
(If name unavailable, enter a Liability Company," "L.L.C.	Itemate name adopted for the purpose of	f transacting business is	Florida. The alternate name	must include "Limited
2 Delaware		3. applied for		
	of which foreign limited liability	3- 1	(FEI number, if applicable)	
,		ï.		
4	(Date first transacted business in	e. Florida, it prior to re	gisuation.)	
5. 200 S. Orange Avenue	(Sez sections 605,0904 & 605,090 ; Suite 2700	os, r.s. to determine pe	mairy lizhing)	
Orlando, FL 32801				750
200 8 ()	(Street Address of Princes)	cipal Office)		7
6. 200 S. Orange Avenue,	. 2006-5 \000-			APR 26
Orlando, FL 32801				26 SSS
	(Mailing Add	ress)		3 四次
7. Name and street address	s of Florida registered agent: (P.O.)	Box NOT acceptabl	e)	E 0'
Name:	C T Corporation System			9, 0
Office Address:	1200 South Pine Island Road			1 9
	Plantation		Florida 33324	
	(City)	,	(Zip code)	
designated in this applica to complywith the provision accept the obligations of t	glstered agent and to accept service tion, I hereby accept the appointment one of all statutes relative to the pro- my position as registered agent. CT Corporation Syste By:	nt as registered ager per and complete pe	of and agree to act in this c formance of my duties, a	capacity. I further agree
		i agent's signature)	······································	
8. The name, title or capa	city and address of the person(s) wh	o has/have authority	to manage is/are:	
	Sole Member, 200 S. Orango			081
9. Attached is a certificate	of existence, no more than 90 days of	old, duly authenticate	d by the official having cus	study of records in the
	of which it is organized. (If the certif			
	- Care Care	The state of the s	The state of the s	
	Signature of a	m authorized person		
This document is executed submitted in a document to	in accordance with section 605.0203 the Dopartment of State constitutes a	3 (1) (b), Florida Stat a third degree felony	utes. I am aware that any fa as provided for in s:817.15	ilse information 5, F.S.
	Taylor C Kareel Sugarany OfXHR	Holding Inc. itssale	member	

Typed or printed name of signer

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "XHR ORLANDO CYPRESS TRS 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 NINETEENTH DAY OF APRIL, A.D. 2017.

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

6385657 8300
SR# 20172646409
You may verify this certificate online at corp.delaware.gov/authver.shtml

Justiney W. Bulloce, Successivy of State

Authentication: 202403222

Date: 04-19-17