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(Re	questor's Name)	
(Add	dress)	 _
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
·	,	
Certified Copies	Certificates	of Status
	_	
Special Instructions to I	Filing Officer:	
	 	





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JUL 17 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 723429 7458099

AUTHORIZATION :

COST LIMIT : \$/125.00

ORDER DATE : July 14, 2017

ORDER TIME : 3:51 PM

ORDER NO. : 723429-005

CUSTOMER NO: 7458099

FOREIGN FILINGS

NAME: DRIFTWOOD ADVISORS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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

Registration Section

TO:

Div	ision of Corporation	ns				
SUBJECT:	Driftwood Advisors	k LLC				
5003001.	-	Name of I	Limited Liability C	ompany		
The enclosed Existence, ar	d "Application by For nd check are submitte	reign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liabilit	ansact Business in Florida," Co y company to transact business	ertificate of s in Florida.
Please return	nall correspondence o	concerning this matter to the	following:			
	Jackie Gerstenf	feld				
		N:	ame of Person			
	Driftwood Hos	pitality Management, LLC				
		Fi	rm/Company			
	11770 N US II	ighway 1, Suite 202				
		,	Address			
	North Palm Be	ach, FL 33408				
		City/S	tate and Zip Code			
	jgerstenfeld@dh	mhotels.com				
		E-mail address: (to be used	for future annual	report no	tification)	
For further i	nformation concernin	g this matter, please call;				
Jac	ckie Gerstenfeld		561 at (207-27	78	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Iahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ificate

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:

Delaware	the adopted for the purpose of transacting offsiness in i	Florida, The alternate isone must include "Limited !	dability Company," "L.L.C," or "LLC."	
(Jurisdiction under the law of whi		3. 82-1589711		
	ich foreign hunted hability company is organized)		unher, if applicable)	
Then Cline and possess	and of this Application by the Elevide	a Danartmant of State		
Opon ming and accepta	Ance of this Application by the Florida (Date first transacted business in Florida, if prior	to registration)		
	(See sections 605 0904 & 605,0905, F.S. to deter			
255 Alhambra Circle, Suite 760 (Succi Address of Principal Office)		6. 255 Alhambra Circle, Suite 760 (Mailing Address)		
Coral Gables, FL 33134		Coral Gables, FL 33134		
Name and street address Name:	§ of Florida registered agent: (P.O. Bo David Buddemeyer	ox <u>NOT</u> acceptable)		
Office Address:	11770 N US Highway 1, Suite 202			
	North Palm Beach	, Florida 33408		
	(City)	(Zip c	ode)	
	(75) (T) A-a.			
	(Registed agent	in signature)		
. The name, title or capac	(Registed agent city and address of the person(s) who Name and Address:	<u> </u>	: Name and Address:	
•	city and address of the person(s) who	has/have authority to manage is/are		
Title or Capacity:	city and address of the person(s) who Name and Address: Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 70	has/have authority to manage is/are Title or Capacity:		
Title or Capacity:	city and address of the person(s) who Name and Address: Carlos J. Rodriguez, Jr.	has/have authority to manage is/are Title or Capacity:		
Title or Capacity:	city and address of the person(s) who Name and Address: Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 70	has/have authority to manage is/are Title or Capacity:		
Title or Capacity:	city and address of the person(s) who Name and Address: Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 70	has/have authority to manage is/are Title or Capacity:		
Title or Capacity:	city and address of the person(s) who Name and Address: Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 70	has/have authority to manage is/are Title or Capacity:		
Title or Capacity:	city and address of the person(s) who Name and Address: Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 76 Coral Gables, FL 33134	has/have authority to manage is/are Title or Capacity:		
Title or Capacity: Manager Jse attachments if necess Attached is a certificate elisticity under the law consideration and the law consideration.	Carlos J. Rodriguez, Jr. Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 76 Coral Gables, FL 33134 arry) of existence, no more than 90 days old of which it is organized. (If the certific	has/have authority to manage is/are Title or Capacity: 60 d, duly authenticated by the official	Name and Address:	
Title or Capacity: Manager Jse attachments if necess Attached is a certificate existing the law of the translator must be sure. This document is executed.	Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 76 Coral Gables, FL 33134 arry) of existence, no more than 90 days old of which it is organized. (If the certific ibmitted) atted in accordance with section 605.02	has/have authority to manage is/are Title or Capacity: 60 d, duly authenticated by the official cate is in a foreign language, a transl	having custody of records in ation of the certificate unde	
Title or Capacity: Manager Jse attachments if necess Attached is a certificate or risdiction under the law of the translator must be sue. This document is executed.	Carlos J. Rodriguez, Jr. 255 Alhambra Circle, Ste 76 Coral Gables, FL 33134 arry) of existence, no more than 90 days old of which it is organized. (If the certific abmitted)	has/have authority to manage is/are Title or Capacity: 60 d, duly authenticated by the official cate is in a foreign language, a transl	having custody of records in ation of the certificate unde	

Typed or printed name of signer

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	LO		
Driftwood Advisors, L	Lumited Liability Company, must include "Lum	nted Liability Company," "L.L.C.," or "LLC	:")
name unavailable, enter alternate :	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC.")
Delaware		3. 82-1589711	
(Jurisdiction under the law of w	twelt foreign limited liability company is organized)	(Fill ii	number, if applicable)
Upon filing and accep	tance of this Application by the Florida	Department of State.	
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) mine penalty liability)	
255 Alhambra Circle,		6. 255 Alhambra Circle, St. (Ataling)	nite 760
(Street Address of Principal Office)		Coral Gables, FL 33134	Address)
Coral Gables, FL 3313	<u> </u>	Cotal Gautes, Fig 33134	
			ed liability company at the place
			13 4
Name and street addres	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	9 8
Name:	David Buddemeyer		9 -
Office Address:	11770 N US Highway 1, Suite 202		GO.
Office Address.	AL ALD L. D. L.		
	North Palm Beach (City)	, Florida 33408	
	(Kegistered agent	N	
	Luckise ca alein	is signature /	
The name, title or capa Title or Capacity:	ncity and address of the person(s) who Name and Address:	has/have authority to manage is/are <u>Title or Capacity:</u>	: Name and Address:
Manager	Carlos J. Rodriguez, Jr.		
	255 Alhambra Circle, Ste 76 Coral Gables, FL 33134	60	
		_	
Use attachments if neces	sary)		
. Attached is a certificate	of existence, no more than 90 days old of which it is organized. (If the certific		
the translator must be si			
	nted in accordance with section 605.02 the Department of State constitutes a	third degree felony as provided for i	
	El-	ire of an authorized person	
	Signati	ire of an authorized person	
	Carlos J. Rodriguez, Jr., Manager		

Typed or printed name of signer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DRIFTWOOD ADVISORS, 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 FOURTEENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRIFTWOOD ADVISORS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2017.

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

Authentication: 202887094

Date: 07-14-17

6415362 8300 SR# 20175244869