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Account#: 120000000088

Date: August 2, 2017	Account#: 12000000088
Name: Marisa Kugelmann	_
Reference #: <b>A304216</b>	·
Entity Name: PHG SAINT	AUGUSTINE, LLC
Articles of Incorporation/Author	rization to Transact Business
Amendment	
Change of Agent	
Reinstatement	
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Signature: \_\_\_\_

FEUROPEAN HQ

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

### COVER LETTER

	sion of Corporation	ns						
SUBJECT:	PHG Saint Au						_	
•		Name of	Limited	Liability (	Company			
The enclosed Existence, and	"Application by For I check are submitte	eign Limited Liability Comp d to register the above refere	pany for enced for	Authoriza reign limit	tion to Tra ed liability	ensect Business in Florid company to transact bu	a," Certificate o siness in Florid	of la.
Please return	all correspondence o	concerning this matter to the	followin	g:				
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Morris, Manning & Martin, LLP Firm/Company								
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Divi Regi P.O.	(LING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314				STREET Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section	TOP STATE	1
	check for the follow 125.00 Filing Fee	ing amount:  S130.00 Filing Fee & Certificate of Status		5,00 Filin ied Copy	ig Fee &	□ \$160.00 Filing Fee, of Status & Certified C		

#### 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: PHG Saint Augustine, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LL.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L. L.C." or "LLC.") 82-0995075 Georgia (FEI number, if applicable) (Durisdiction under the law of which foreign limited liability company is organized) (Dute first transacted husiness in Florida, if prior to registration.) (See acctions 605,0904 & 605,0905, F.S. to determine penalty liability) 6. One Alliance Center 5. One Alliance Center (Mailing Address) (Street Address of Principal Office) 3500 Lenox Road, Suite 625 3500 Lenox Road, Suite 625 Atlanta, Georgia 30326 Atlanta, Georgia 30326 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lain familia) with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and A Manager Peachtree Hotel Group II, LLC One Alliance Center 3500 Lenox Road, Suite 635 Atlanta, Georgia 30326 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Kovin M. Cadin

Typed or printed name of signed

Control Number: 17034547

## STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

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

## PHG Saint Augustine, 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-factor evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number :

Date Inc/Auth/Filed: 03/28/2017-

Jurisdiction Print Date : Georgia : 08/02/2017

Form Number

: 211



B: P. W.
Brian P. Kemp
Secretary of State