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D. SCOTT AUG 3 1 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 788716 AUTHORIZATION : Spelle Remain COST LIMIT : \$ 125.00 ORDER DATE: August 29, 2017 ORDER TIME : 1:02 PM ORDER NO. : 788716-040 CUSTOMER NO: 4303719 ______ FOREIGN FILINGS NAME: CHOICE PRIVILEGES LOYALTY SERVICES, LLC XXXX QUALIFICATION (TYPE: <u>LL</u>) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XXX____ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Choice	e Privileges Loyalty Services,		
	Nan	ne of Limited Liability Compan	У
Existence, and eneck	are submitted to register the above	referenced foreign limited liabi	Transact Business in Florida," Certificate of lity company to transact business in Florida.
Please return all corre	spondence concerning this matter to	o the following:	
_ P:	arvatí Das		
		Name of Person	
c/	o Choice Hotels International	l, Inc.	
		Firm/Company	
_1.0	Choice Hotels Circle #400		
_		Address	
Ro	ockville, MD 20850		
	Ci	ity/State and Zip Code	
Par	vati.Das@choicehotels.com		
	E-mail address: (to be	used for future annual report n	otification)
For further information	n concerning this matter, please call	:	
Parvati Da		at (301)	592-6282
	Name of Contact Person	Area Code Da	sytime Telephone Number
MAILING A Division of Co Registration S P.O. Box 632 Tallahassee, F	orporations Section 7	Divisior Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations ution Section Building recutive Center Circle sece, FL 32301
Enclosed is a check for ☐ \$125.00 Fil	the following amount: ling Fee	& ☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 FLORIDA:

, and or rough	Limited Liability Company, must include "Limited	Liability Company," "L.E.C.," or "LE	C.")	
(If name travellable, enter alternate	name adopted for the purpose of transacting business in Florid	la. The alternate name must include "Limited	d Liability Comment 2 of L C 2 - March	
2 Delaware		3.	committy company, LCC, or LLC.")	
(Jurusdiction under the law of w	inch foreign loreced hability company is organized)	7(FEI:	number, if applicable)	
4. N/A				
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	pstration)		
5. 1 Choice Hotels C				
(Street Address of)	recipal Office)	6. 1 Choice Hotels Circ	cle #400	
Rockville, MD 20850		Rockville, MD 20850		
 Name and street address Name: 	s of Florida registered agent: (P.O. Box Notes of Post of Propertion Service Company	NOT acceptable)		
055- 411		-		
Office Address:	1201 Hays Street			
	Tallahassee	, Florida <u>3</u> 2301	1	
legistered agent's accept	(Cm)		code)	
comply with the provision	ristered agent and to accept service of pro- ion, I hereby accept the appointment as re- ons of all statutes relative to the proper an of my position as registered agent.	egistered agent and agree to u d complete performance of m	ct in this capacity. I further as by duties, and I am familiar wit Melissa Zender	
o comply with the provision and accept the obligations	ons of all statutes relative to the proper an of my position as registered agent. (Registered agent from	d complete performance of m	ct in this capacity. I further ag by duties, and I am familiar with Melissa Zender —Asst. Vice President	
o comply with the provision and accept the obligations	ons of all statutes relative to the proper an of my position as registered agent. (Registered agent a	ave authority to manage is/are:	et in this capacity. I further ag by duties, and I am familiar with Melissa Zender — Asst. Vice President	
o comply with the provision and accept the obligations . The name, title or capac	ons of all statutes relative to the proper an of my position as registered agent. (Registered agent from the person(s) who has/h. Name and Address:	ave authority to manage is/are:	ct in this capacity. I further ag by duties, and I am familiar with Melissa Zender —Asst. Vice President	
comply with the provisional accept the obligations The name, title or capacity:	city and address of the person(s) who has/h Name and Address: Choice Hotels International, Inc.	ave authority to manage is/are:	et in this capacity. I further ag by duties, and I am familiar with Melissa Zender — Asst. Vice President	
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Je attachments if necessard translator must be sub. This document is executed. This document is executed accept the obligations. The name, title or capacity: Member Je attachments if necessard translator must be sub. This document is executed.	(Registered agent. (Agent. (Registered agent. (Registered agent	ave authority to manage is/are: Title or Capacity: authenticated by the official h in a foreign language, a transla (b), Florida Statutes. I am awa egreo felony as provided for in	Melissa Zender Melissa Zender Asst. Vice Presiden Name and Address:	
Je attachments if necessary. Attached is a certificate of isdiction under the law of the translator must be subtricted in a document to the law of the translator must be subtricted in a document to the law of the law of the translator must be subtricted in a document to the law of the law of the law of the translator must be subtricted in a document to the law of the law	city and address of the person(s) who has/h. Name and Address: Choice Hotels International, Inc. 1 Choice Hotels Circle #400 Rockville, MD 20850 ry) f existence, no more than 90 days old, duly which it is organized. (If the certificate is smitted)	ave authority to manage is/are: Title or Capacity: authenticated by the official h in a foreign language, a transla (b), Florida Statutes. I am awa egreo felony as provided for in	Mame and Address: Name and Address: aving custody of records in the tion of the certificate under out s.817.155, F.S.	



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

DELAWARE, DO HEREBY CERTIFY "CHOICE PRIVILEGES LOYALTY SERVICES,

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 TWENTY-NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHOICE PRIVILEGES LOYALTY SERVICES, LLC" WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2017.

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

Authentication: 203138737

Date: 08-29-17

6442383 8300 SR# 20175938940