

M/1-8000000967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

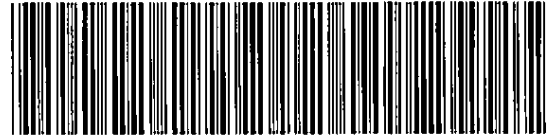
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900308131349

01/26/18--01013--013 **130.00

FILED
18 JAN 26 AM 10:33
STATE OF FLORIDA
TALLAHASSEE

J. LEGGETT
JAN 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BSREP II WS Pensacola Northeast LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Leslie Fowler
Name of Person
WoodSpring Hotels
Firm/Company
8621 E 21st Street North, Suite 250
Address
Wichita, KS 67206
City/State and Zip Code
lschoenberger@woodspring.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Fowler at (316) 631-1369
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BSREP II WS Pensacola Northeast LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kansas 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine perjury liability)

5. 8621 E 21st Street North 6. 8621 E 21st Street North
(Street Address of Principal Office) (Mailing Address)
Suite 250 Suite 250
Wichita, KS 67206 Wichita, KS 67206

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Cogency Global Inc.
 Office Address: 155 Office Plaza Drive
Tallahassee, Florida 32301
(City) (Zip code)

FILED
 18 JAN 26 AM 10:34
 TALLAHASSEE FLORIDA
 STATE
 SECRETARY

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 I am familiar with and accept the obligations of my position as registered agent.

Sheryl A. Gibbs, Asst Sec.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Secretary</u>	<u>Scott Frey</u> <u>8621 E 21st Street N, Ste 250</u> <u>Wichita, KS 67206</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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.

Scott Frey
Signature of an authorized person
Scott Frey
Typed or printed name of signer

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify,
that according to the records of this office.

Business Entity ID Number: 8899825

Entity Name: BSREP II WS PENSACOLA NORTHEAST LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SCOTT FREY

Registered Office: 8621 E 21st Street North Suite 250, WICHITA, KS 67206

was filed in this office on January 17, 2018, and is in good standing, having fully
complied with all requirements of this office.

No information is available from this office regarding the financial condition,
business activity or practices of this entity.



In testimony whereof I execute this certificate and
affix the seal of the Secretary of State of the state
of Kansas on this day of January 23, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1025406 - To verify the validity of this certificate please visit
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.