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TALENINSSEE PLONDI

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	12000000019	כ

REFERENCE : 045392 8156134

AUTHORIZATION : Carella Co

COST LIMIT : \$ 125\00

ORDER DATE : January 30, 2018

ORDER TIME : 1:19 PM

ORDER NO. : 045392-005

CUSTOMER NO: 8156134

FOREIGN FILINGS

NAME: OLD NAPLES HOTEL LL¢

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Old Naples Hotel LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C," or "LLC") (if name anavaitable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Lighting Company," "L.L.C," or "ILC.") Delaware (Jurisdiction under the law of which foreign limited hability company is organized) (FEI mamber, if applicable) January 31, 2018 (Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605 0905, F.S. to determine penalty in penalty liability) 5. c/oWilkes & Artis 6. c/oWilkes & Artis (Street Address of Principal Office) (Mailing Address) 1825 I Street NW, Suite 300 1825 I Street NW, Suite 300 Washington, DC 20006 Washington, DC 20006 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Florida 32301 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. Roxanne Turner Asst. Vice President (Repistered 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 Address: Manager Charles A. Camalier, III c/o Wilkes & Artis 1825 1 Street NW Suite 300 Washington, DC 20006 (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 whird degree felony as provided for \$8.817.155, F.S. Charles A. Camalier, III, Manager

Typed or printed name of size

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLD NAPLES HOTEL 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 THIRTIETH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLD NAPLES HOTEL LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2018.

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

6701170 8300 SR# 20180590937

Date: 01-30-18

Authentication: 202059112