PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 NOV 19 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # M18000001085

1. Limited Liability Company's Name

MVHF, LLC
DOCUMENT# M18000001085

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4747 Bethesda Ave	4747 Bethesda Ave
Suite, Apt. #, etc.: Suite 1100	Suite, Apt. #, etc.: Suite 1100
City & State: Bethesda, MD	City & State: Bethesda, MD
Zip: 20814 Country: USA	Zip: 20814 Country: USA

4. State/Country of Formation: DE/USA

5. Date Organized or Qualified To Do Business in Florida: 1/31/2018

6. FEI Number: 82-4110277 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 11/18/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	Raymond D Martz	4747 Bethesda Ave, Suite 1100	Bethesda, MD 20814
Vice President	Thomas C Fisher	4747 Bethesda Ave, Suite 1100	Bethesda, MD 20814

11. E-mail Address: adittamo@pebblebrookhotels.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 11/18/2024 Daytime Phone #: 240-507-1352

Typed or printed name of signing Authorized Representative/Manager: Raymond D Martz