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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 080283 7481856

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : February 21, 2018

ORDER TIME : 9:28 AM

ORDER NO. : 080283-015

CUSTOMER NO: 7481856

FOREIGN FILINGS

NAME: HST HRCP LLC

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: ____

IN FEB 22 A 8 52

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 LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

HST HRCP LLC (Name of Foreign L	imited Liability Company, must include "Limit	red Linbility Company," "L. L. C.," or "LLC"]		
f name unavailable, enter alternate nar	ne adopted for the purpose of massetting business in Fl	londs. The alternate name must include "Limited List	bility Company," "L.L.C," or "LLC")	
Delaware		3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		IFEI numb	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	0 registration.)		
6903 Rockledge Drive	(See sections out 6504 & out 6505, F.S. to deter	6903 Rockledge Drive		
(Street Address of Principal Office)		6. (Mading Address)		
Suite 1500		Suite 1500		
Bethesda, Maryland 20817		Bethesda, Maryland 20817		
. Name and <u>street address</u> Name:	of Florida registered agent: (P.O. Bo Corporation Service Company	x <u>NOT</u> acceptable)		
Office Address:	1201 Hays Street			
	Tallahassee	Florida 32301		
egistered agent's accept	(Cuy)	(Zip cod	k)	
3. The name, title or capa	of my position as registered agent. Corporation Service Company By: (Regutered agent city and address of the person(s) who had	has/have authority to manage is/are:	Emily Croft Asst. Vice President	
Title or Capacity:	Name and Address:	Title or Conneity:	Name and Address:	
Manager	Jeffrey S. Clark 6903 Rockledge Dr. Ste. 150 Bethesda, MD 20817	Manager	Nathan Tyrrel 666909 Rockledge Dr. Ste. 1 Bethesda, Maryland 208 7	
		 -	<u> </u>	
Use attachments if necess	ary)			
prisdiction under the law of f the translator must be su 0. This document is exect	ated in accordance with section 605.02 the Department of State constitutes a t	ate is in a foreign language, a translat 03 (1) (b), Florida Statutes. I am awa:	tion of the certificate under oath	
	Signatu	ne oi an amborized person		
	Nathan S. Tyrrell			

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HST HRCP 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-FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HST HRCP LLC"

WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2018.

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





Authentication: 202190621

Date: 02-21-18

6764390 8300 SR# 20181211218