Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (950)617-6383			第一
From	Account Name : C T CORPORATIO Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	DN SYSTEM		T OF STATE SEE, ELORIDA
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SALY - 5 2018	SPIRIDES HOSPITALITY REA	ity Company LTY COMP	ANY, LI	

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

IN COMPLETING WITH NECTION 655,000, FLORIDA STATUTEN, THE POLLOWING ELSUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Spirides Hospitality Realty Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.") (If none margalable, orner observate came adopted for the purpose of transacting business in Florida. The alternate name must include "Lordine United Lightley Congany," "L.L.C." or "LLC.") 3. 82-4671834 2. Delaware Hursdanion under the law of which foreign limited liability company is organized) (Street Address of Principal Office) P.O. Box 47567 100 S Ashley Dr Ste 600 Tampa, FL 33646 Tampa, FL 33602 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Harry G. Spirides Name: 100 S Ashley Dr Ste 600 Office Address: Tampa Registered agent's acceptance: Having been named as registered agent and to accept service of process for she above stated limited liability company at the place designated in this application. Thereby accept the appointment as registere 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 ageng Harry G. Spirides 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Harry G. Spirides Manager I(X) S Ashley Dr Stc 600 Tamon, FL 3360. (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 telony as provided for in \$ 817.155, F. S. Harry G. Spirides

Typed or printed name of season

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPIRIDES HOSPITALITY REALTY COMPANY, 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 SIXTH DAY OF MARCH, A.D. 2018.

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

r:: __

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Authentication: 202264174

Date: 03-06-18

SR# 20181730181

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