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3/15/2018

**Division of Corperations** 

## Florida Department of State

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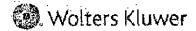
### **FAX COVER SHEET**

TO		
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FAXNUMBER	18506176383	-
FROM	Ranae McGraw	
DATE	2018-03-15 13:18:16 CST	
RE	Hotel Norfolk Prop∞ GP, L.L.C.	

#### COVER MESSAGE

Julie Outlaw Associate Fulfillment Specialist Fulfillment Operations CT Corporation

Team (614) 280-3338
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (1997)

	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A F ISINESS INTHE STATE OF FLORIDA:	OREIGN LIMITED LIABILIT
1. Hotel Norfolk Propco C	3P, L.L.C. Ign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "	
(Name of Fore	ign Limited Liabifity Company; must include."Limited Liabifity Company," "L.L.C.," or "	LLC.")
Liability Company," "L.L.C."		
2. Delaware	of which fereign limited liability 3. 82-4717343 (FEI number, if applicable)	
(Jurisdiction under the law company is organized)	of which fereign limited liability (FEI number, if applicable)	
4,	(Data first transacted business in Havida if prior to registration)	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	co
5. 1601 Washington Ave	nue, Suite 800	
Miami Beach, FL 331	39	7 5 TO 1
, , , , , , , , , , , , , , , , , , ,	(Street Address of Principal Office)	4
6.		
	(Mailing Address)	- 10 US
	·	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation , Florida 33324 (City) (Zip code)	
Registered agent's accep		
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of my duties, my position as registered agent.  By: ALL TORY Angel Shearer, Assistant Secretary	s capacity. I further agre und I am familiar with a
	(Registered agent's signature)	
•	neity and address of the person(s) who has/have authority to manage is/are:	
Nick Antonopoulos		<del>, , , , , , , , , , , , , , , , , , , </del>
Senior Vice President		
591 West Pulnam A	Ave, Greenwich, CT 06830	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly authenticated by the official having c of which it is organized. (If the certificate is in a foreign language, a translation of ubmitted)	ustody of records in the the certificate under oath
	Signature of an authorized peggan	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any of the Department of State constitutes a third degree Telony as provided for in s.817.	false information 155, F.S.
	Nick Antonopoulos	ı
	Typed or printed name of signee	

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOTEL NORFOLK PROPCO GP, L.L.C." IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAMORIAS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2018.

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

6777647 8300 SR# 20181936753

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

Jeffrey W. Bulliace, Secretary of States

Authentication: 202325362

Date: 03-15-18