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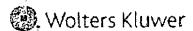
FAX COVER SHEET

ТО			
COMPANY			
FAXNUMBER	18506176383		
FROM	Ranae McGraw		
DATE	2018-03-15 13:16:37 CST		
RE	Hotel 3001 Virginia Beach Opco GP, L.L.Csigned		

COVER MESSAGE

Julie Outlaw Associate Fulfillment Specialist Fulfillment Operations CT Corporation

Team (614) 280-3338 Globa!FulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 www.wolterskluwer.com

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

IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BU	TION 605.0X02, FLORIDA STATUTES, TH. ISINESS IN THE STATE OF FLORIDA:	E FOLLOWING.	ZCIB VĀTĪTE	D TO REGISTER A	FOREIGN 1	'AMITED LIABILITY
(Name of Fore	ach Opco GP, L.L.C. ligh Limited Liability Company; must inc	clade "Limited Lia	bility Comp	pany," "L.L.C.," or	"LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C."	ternale name adopted for the purpose of 'or "LLC.")	transacting husines	is in Florida	a. The alternate not	ne must inch	ude "Limited
, Delaware		3. 82-4668614				
(Jurisdiction under the law company is organized)	of which foreign limited liability	··	(FEI nu	mber, if applicable)	
onipany is organized)						
7.	(Date first transacted business in (See sections 605.0904 & 605.090)	Florida, if prior to	registratio	n.)		
5. 1601 Washington Aver		5, 15. ID Betermine	e penaky n	aumity /	_	
Miami Beach, FL 331	39					
· · · · · · · · · · · · · · · · · · ·	(Street Address of Princ	ipal Office)			_	
б					_	
	(Mailing Addr	ness)				
7		•	1-1-1-2			
7. Name and <u>street addres</u>	5 of Florida registered agent: (P.O. I	BOX <u>NOT</u> accept	(atric)			. 18
Name:	C T Corporation System	-	. 72.		.;	X
Office Address:	1200 South Pine Island Road					7) 7:
	Plantation		_ , Florida	33324	_ (**)	~
Registered agent's accept	(City)			(Zip code)	, T.	Æ
Having been named as reg designated in this applica- to complywith the provisic accept the obligations of r	gistered agent and to accept service tion. I hereby accept the appointment ons of all statutes relative to the propay position as registered agent. CT Corporation Syste	nt as registered a per and complete	igent and i e performi	agree to act in th	ris Capacity s, wird Lam	T further agree Jamiliar with and
	(Registered	agent's signature)	-			
•	acity and address of the person(s) who	o hax/have author	rity to man	nage is/are:		
Nick Antonopoulos		······································				
Senior Vice President						
591 West Putnam A	Ave, Greenwich, CT 06830	<u> </u>				
9. Attached is a certificate jurisdiction under the law of the translator must be si	of existence, no more than 90 days of which it is organized. (If the certifibilities)	old, duly authenti ficate is in a forei	cated by th gn languar	ne official having ge, a translation c	custody of of the certifi	records in the cate under onth
					-•	
	Signature of a	in authorized be: 0	121		_	
This document is executed submitted in a document to	in accordance with section 605.020. the Department of State constitutes	3 (1) (b), Florida a third degree isl	Statutes. I	any aware that ar vided for in \$.81	ny false info 7.155, F.S.	rmation
	Nick Antonopoulos	-				

Typed or printed name of signee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HOTEL 3001 VIRGINIA BEACH OPCO 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 FAR AS 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.

at corp.delaware.gov/autl

Authentication: 202325355

Date: 03-15-18