# M18000003299

(Requestor's Name)				
(requester s marrie)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



900311535149

TO APR -5 AM 9- 84

2018 APR -5 PH 2: 00

B FIGUEROA APR 0 6 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 145498 8056587

AUTHORIZATION

ORDER DATE: April 3, 2018

ORDER TIME : 11:01 AM

ORDER NO. : 145498-010

CUSTOMER NO: 8056587

#### FOREIGN FILINGS

NAME: BSREP III FORT LAUDERDALE TRS

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: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT		AUDERDALE TRS LLC				
Sobole	•	Name of Limited Liability Company				
The enclose Existence, a	ed "Application by Fo and check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authorization to Tranced foreign limited liability	insact Business in Florida," Certificate of company to transact business in Florida.		
Please retur	n all correspondence	concerning this matter to the	following:			
	C. Simms	C. Simms				
	Name of Person c/o Thayer Lodging Group LLC, a Brookfield company					
	Firm/Company 1997 Annapolis Exchange Parkway, Suite 550					
Address						
	Annapolis, MI	annapolis, MD 21401				
City/State and Zip Code  É-mail address: (to be used for future annual report notification)						
					For further	information concernie
1 Of further	information concernit	ig this matter, prease can.				
	Name	of Contact Person	at ()	time Telephone Number		
Di Re P.	AILING ADDRESS vision of Corporation egistration Section O. Box 6327 allahassee, FL 32314		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding ecutive Center Circle ee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

### 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BSREP III Fort Lauder (Name of Foreign		Limited Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business	s in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")		
2. Delaware	. , ,			
2. Deraware  (Jurisdiction under the law of %	nich foreign himsted hability company is organized)	.3. (FEI number, if applicable)		
<b></b>				
4. upon filing	(Date for some and because of Florida			
	(Date first transacted business in Florida, if pro (See sections 605.0904 & 605.0905, F.S. to do	anor to registration.) determine penalty liability)		
5. c/o Thayer, 1997 Ann	apolis Exchange Pkwy	6. c/o Thayer, 1997 Annapolis Exchange Pkwy		
(Street Address of I	rincipal Office)	(Mailing Address)		
Suite 550		Suite 550		
Annapolis, MD 21401	<u> </u>	Annapolis, MD 21401		
7. Name and street address  Name:	ss of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)		
Name:				
Office Address:	1201 Hays Street			
	Tallahassee	22301		
	(City)	, Florida 32301 (Zip code)		
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) wh  Name and Address:  BSRP III Fort Lauderdale Mezz	Asst. Vice President ho has/have authority to manage is/are: Title or Capacity:  Name and Address:		
Managing Shareholde	Lessee LLC  c/o Thayer, 1997 Annapolis Exch. Suite 550, Annapolis, MD 21401			
(Use attachments if neces	sary)	<b>₹</b>		
jurisdiction under the law of the translator must be so 10. This document is exec	of which it is organized. (If the certiful ubmitted)  uted in accordance with section 605.0	old, duly authenticated by the official having custody of records in the ificate is in a foreign language, a translation of the certificate under oat .0203 (1) (b), Florida Statutes. I am aware that any false information is a third degree felony as provided for in s.817.155, F.S.		
	Sign	enature of an authorized person		
	George D. Dabney, Vice President	l		

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BSREP III FORT LAUDERDALE TRS 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 THIRD DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BSREP III FORT LAUDERDALE TRS LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2018.

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

AND STATE OF THE S

68**26885** 8300

SR# 20182405920

Authentication: 202444257

Date: 04-03-18