118000003785

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200311423402

18 LPR 18 PH 2: 20

APR 18 PH 2: 20

Y SULKER APR 1 9 2018

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	ite: 4/18/18
	Acc#I20160000072
Name:	NF III Tampa DT, LLC (DE)
Document #:	
Order #:	10934330
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 160,00

COVER LETTER

TO:	Registration Section Division of Corporations			
eup ir	NF III Tampa DT, LLC			
SOBJE	CT: Name of	Limited Liability Co	mpany	
The encl	losed "Application by Foreign Limited Liability Comes, and check are submitted to register the above refer	pany for Authorization renced foreign limited	on to Trar I liability	nsact Business in Florida," Certificate o company to transact business in Florida
Please re	eturn all correspondence concerning this matter to the	following:		
	Brigitte Moran, Paralegal			
	N	lame of Person		
	Morris Manning & Martin, LLP			
	13	irm/Company		
	3343 Peachtree Rd NE, 16th Floor			
		Address		
	Atlanta, GA 30326			
	City/S	State and Zip Code		
	madhu.oza@nobleinvestment.com			
	E-mail address: (to be use	ed for future annual r	eport noti	fication)
For furt	her information concerning this matter, please call:			
	Brigitte Moran, Paralegal	404 at (504-76	
	Name of Contact Person	Area Code	Day	ime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314]	Division o Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle see, FL 32301
Enclose	d is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limit	Ť	, , , , , , , , , , , , , , , , , , , ,	
lf name unavailable, enter alternate n	name adopted for the purpose of transacting business in F	lorida. The alternate	e name must include "Limited Liab	ility Company," "L. L. C," or "LLC,")
2 Delaware		3		er, if applicable)
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)		(FE) numb	ст, и аррисавле)
1	(Date dest transpared business in Flurida et groot l	o registration)		
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter	nune penalty liability	y)	
5. 3424 Peachtree Rd NI		6	(Mailing Addr	ess)
2000 Monarch Tower				<u> </u>
Atlanta, GA 30326				
7 Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT accer	ntable)	
Name:	CT Corporation System	<u></u>	,,	
Office Address:	1200 South Pine Island Rd.	-		
	Plantation		, Florida <u>33324</u>	
	(City)	<u> </u>	Zip cod	
designated in this applica to comply with the provis	egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propos is of my position as registered agent.	as registered	agent and agree to act	in this capacity.::If urther agi
designated in this applica to comply with the provise and accept the obligation	ition, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. M. E. Jones, ASSE'S SEC Agent	as registered er and comple "s signature)	agent and agree to act ete performance of my	in this capacity. If further agr duties, and I am familiar with
designated in this applica to comply with the provisa and accept the obligation	ttion, I hereby accept the appointment ions of all statutes relative to the proposts of my position as registered agent.	as registered er and comple 's signature) has/have auth	agent and agree to act ete performance of my	in this capacity. I further agr duties, and I am familiar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap.	M. E. Jones, A SST. Sec y. acity and address of the person(s) who Name and Address: Mitesh B. Shah	as registered er and comple 's signature) has/have auth	agent and agree to act ete performance of my of the performance of my of the performance is/are:	in this capacity. I further ago duties, and I am familiar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or capacity:	ition, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. M. E. Jones, Assert Section acity and address of the person(s) who Name and Address:	as registered er and comple 's signature) has/have auth	agent and agree to act ete performance of my of the performance of my of the performance is/are:	in this capacity. I further ago duties, and I am familiar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or capacity:	M. E. Jones, A SST. Sec y active and address of the person(s) who Name and Address: Mitesh B. Shah 3424 Peachtree Rd NE	as registered er and comple 's signature) has/have auth	agent and agree to act ete performance of my of the performance of my of the performance is/are:	in this capacity. I further agr duties, and I am familiar with
designated in this applicate comply with the provise and accept the obligation 8. The name, title or capacity:	M. E. Jones, A SST. Sec y active and address of the person(s) who Name and Address: Mitesh B. Shah 3424 Peachtree Rd NE	as registered er and comple 's signature) has/have auth	agent and agree to act ete performance of my of the performance of my of the performance is/are:	in this capacity. I further agr duties, and I am familiar with
designated in this applicate comply with the provisional accept the obligation 8. The name, title or capatite or Capacity: Manager	M. E. Jones, A SST Sec Years acity and address of the person(s) who Name and Address: Mitesh B. Shah 3424 Peachtree Rd NE Atlanta, GA 30326	as registered er and comple 's signature) has/have auth	agent and agree to act ete performance of my of the performance of my of the performance is/are:	in this capacity. I further ago duties, and I am familiar with
designated in this applicate comply with the provisional accept the obligation 8. The name, title or caparity: Manager (Use attachments if necessity: accept the control of the control	M. E. Jones, A SST. Sec. year acity and address of the person(s) who Name and Address: Mitesh B. Shah 3424 Peachtree Rd NE Atlanta, GA 30326	as registered er and completer	agent and agree to acte the performance of my determined of my determined of my determined of the control of th	in this capacity. I further against the same and Address: Name and Address:
designated in this applicate comply with the provise and accept the obligation 8. The name, title or caparity: Manager (Use attachments if necessity: a certificate jurisdiction under the law of the translator must be second	M. E. Jones, A SST. Sec. year acity and address of the person(s) who Name and Address: Mitesh B. Shah 3424 Peachtree Rd NE Atlanta, GA 30326	as registered er and completer	ority to manage is/are: or Capacity: ticated by the official had a translated by the ority at the anguage, a translate orida Statutes. I am away	in this capacity. If further agraduties, and I am familiar with Name and Address: aving custody of records in the tion of the certificate under out that any false information
designated in this applicate comply with the provisional accept the obligation 8. The name, title or caparities or Capacity: Manager (Use attachments if necessity: a certificate jurisdiction under the law of the translator must be second to complete the complete	M. E. Jones, Assert Section M. E. Jones, Assert Section M. E. Jones, Assert Section Mittesh B. Shah 3424 Peachtree Rd NE Atlanta, GA 30326 ssary) e of existence, no more than 90 days old of which it is organized. (If the certific submitted) cuted in accordance with section 605.02 to the Department of State constitutes a	as registered er and completer	ority to manage is/are: or Capacity: ticated by the official had eign language, a translate orida Statutes. I am award elony as provided for in	in this capacity. If further against the same and Address: Name and Address: aving custody of records in the sion of the certificate under out the same any false information

Typed or printed name of signee

Signature of Authorized Person to Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida of NF III Tampa DT, LLC

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 felony as provided for in s.817.155, F.S.

NF III TAMPA DT, LLC, a Delaware limited liability company

By: NOBLE HOSPITALITY FUND III REIT, LLC, a Delaware limited liability company, its sole Member and Manager

By: NOBLE HOSPITALITY FUND III GP, LLC a Delaware Inhited liability company, its sole Membler and Board of Managers

By: Mitesh B. Shah its Manager

61 Mary 1385 years

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NF III TAMPA DT, 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 EIGHTEENTH DAY OF APRIL, A.D. 2018.

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





Authentication: 202531273

Date: 04-18-18

6848278 8300

SR# 20182785905