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(((H18000158933 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500 Fax Number : (800) 402-3622

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleases

Email Address:

Foreign Limited Liability Company TPA HOTEL MANAGEMENT LLC

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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	T: TPA HOTEL MANAGEMENT LLC				
	Name of Limited Liability Company				
The ende	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please re	turn all correspondence concerning this matter to the following:				
	Name of Person				
800 Brazos Ste 400					
Firm/Company					
Capitol Services - Corporate Filings Team					
Address					
Austin TX 78701					
	City/State and Zip Code				
cindy.chin@whg.com					
	B-mail address: (to be used for future anonal report notification)				
For furth	or information concerning this matter, please call:				
	at (800) 345-4647				
	Nume of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: STREET ADDRESS:				
	Division of Corporations Registration Section Registration Section				
	P.O. Box 6327 Clifton Building				
	Tallahassee, Fl. 32314 . 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed	l is a check for the following amount: \$\sum_{\$125.00 Piling For \text{\$				

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

	KON 605.0902 FLOREDA STATUTES, THE POLLON SINESS INTER STATE OF FLOREDA:	VING IS SLEMITED TO RELESTER A FOR	OKIN LIMIDID LIAB	UJIY
1. TPA HOTEL MA		re'- 1		
(Name of Porc	gn Limited Liability Company, must include "Lin	nited Liability Company," "L.L.C.," or "L.L.	.c."ງ	
(If name unavailable, enter all Liability Company," "L.L.C,"	emate name adopted for the purpose of transacting or "T.J.C.")	g basiness in Florida. The alternate name m	ust include "Limited	
2. Delaware				
(Jurisdletion under the law occupany is organized)	of which foreign limited liability	(FEI number, if applicable)		
4	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to	f prior to registration.) determino penalty liability)		
5. 5847 San Felipe	Suite 4600			
Houston, TX 770	157			
Hodston, TX 770	(Street Address of Frindpal Offic	e)		
6			艺。 翻	
			(29)	****
· · · · · · · · · · · · · · · · · · ·	(Mailing Address)	•	新	acer
7. Name and street address	of Plorida registered agent; (P.O. Box. <u>NO</u>	<u>Ľ</u> acceptab`⊴)	\$ 100 PM	Li mari
Name:	Capitol Corporate Services, Inc		က္က ယ	Embrid 9
Office Address:	515 E Park Ave 2nd Floor			1 1 1 mm
	Tallahassee	Florida 32301 (Zip code)	6. Si	ě.,
	(City)	(Zip code)		
designated in this applicate to complywith the provision	spece: glizered agent and to accept service of procession. I hereby accept the appointment as regions of all statutes relative to the proper and cony position as registered agent.	stered agent and agree to act in this co	apactiy. I further a nd I am familiar wi tary on behalf	gree
	(Registered agent's si	gnature)		
8. The name, title or caps	city and address of the parson(s) who has/hav	re authority to manage is/are:		
MOEZ MANGALJI,	PRESIDENT; DORRAINE LALL	ANI, VP/SECRETARY;		
ROBERT MAYO, V	/P/TREASURER			
5847 San Felipe, S	Suite 4600, Houston, TX 77057			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in inhmitted) Signature of an authorized.	t a foreign intiguage, a translation of the	tody of records in the certificate under o	ath
	Signature of an authoriz	ed person In		
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), the Department of State constitutes a third de	Florida Statutes. I am aware that any falogree felony as provided for in s.817.15	lse information 5, F.S.	
	ROBERT MA	AYO		

Typed or printed name of signeo

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Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TPA HOTEL MANAGEMENT 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 TWENTY-THIRD DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TPA HOTEL MANAGEMENT LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2018.

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

6868556 8300 SR# 20184219413

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

Authentication: 202752856

Date: 05-23-18