M18000005185

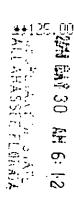
. (Re	questor's Name)			
(Ad	dress)	<u>.</u>		
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500313381925

95/30/18--01024--907



UNO 1 2011 RIS



110 Southeast 6th Street
Suite 1430

Fort Lauderdale, Florida 33301

T: 954.761.**345**4 F: 954.761.**348**4

800 Brickell Avenue Suite 1501 Miami, Florida 33131 T: 305,854,9700

F: 305.854.0**508**

Please Reply To: Fort Lauderdale

May 28, 2018

Division of Corporations Registration Section Clifton Building 2661 Executive Center Tallahassee, Florida 32301 Telephone: 850-245-6051

IN RE:

Application by Foreign Limited Liability Company

SPA Hospitality, LLC, a Texas limited liability company

Gentlemen:

The enclosed Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida Certificate of Existence and check are submitted to register the above-referenced foreign limited liability company to transaction business in Florida.

Please return all correspondence regarding this matter to the undersigned in the enclosed federal express envelope. Of course, should you have any questions, kindly contact me at the phone number below or at llacertosa@khllaw.com.

Very truly yours,

Linda M. Lacertosa, assistant to

JOHN F. HOTTE, ESQ.

Irl:encl.

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

	ISINESS IN THE STATE OF FLORIDA:	:	
1. SPA Hospitality, LLC (Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L C.," or "LLC	.")
_	- , ,	i	
(If name unavailable, enter alternate ii	time adopted for the purpose of transacting business in Florida		Liability Company," "L.L.C," or "LLC.")
2. Texas		3. 45-4420255	
(Junsdiction under the law of w	high foreign limited hability company is organized)	(FEI 114	unber, fapplicable)
4,		·	
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration.) c penalty liability)	
5. 108 Twin Oaks Boule		6. PO Box 1206	
(Street Address of I Kernah, TX 77565	Principal Office)	Kemah, TX 77565	ddress)
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
N/	John F. Hotte, Esq.		5 n 62
Name:			N
Office Address:	110 SE 6th Street, Suite 1430	· · · · · · · · · · · · · · · · · · ·	
	Fort Lauderdale,	, Florida <u>33301</u>	55 W
D 1 - 1 - 0	(Сиу)	(Zip c	[[[[]]]]
Registered agent's accep	otance: egistered agent and to accept service of pr	races for the above stated limit	ad linbility camping at the place
designated in this annier	A the third to decept derives of pr	decas joi me do reimmen mine	
dealgraned in this opposed	mon, I nereby accept me appoinment as	registered agent and agree to a	ct in this capacity. I further agree
to comply with the provis-	ions of all statutes relative to the proper a	registered agent and agree to a	ct in this capacity. I further agree
to comply with the provis	ition, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to a	ct in this capacity. I further agree
to comply with the provis	ions of all statutes relative to the proper a s of my position as registered agent	registered agent and agree to a and complete performance of m	ct in this capacity. I further agree
to comply with the provis	ions of all statutes relative to the proper a	registered agent and agree to a and complete performance of m	ct in this capacity. I further agree
to comply with the provisual accept the obligation 8. The name, title or cap.	s of my position as registered agent. (Registered agent s sin	registered agent and agree to a and complete performance of manage is/are	ct in this capacity I further agree y duties and I um familiar with
to comply with the provis and accept the obligation	ions of all statutes relative to the proper a s of my position as registered agent. (Registered quent's si	registered agent and agree to a and complete performance of m	y duties and I um familiar with
to comply with the provisual accept the obligation 8. The name, title or cap.	ions of all statutes relative to the proper of s of my position as registered agent. (Registered quent's sin acity and address of the person(s) who has Name and Address: Sammy Virani	registered agent and agree to a and complete performance of manage is/are	n this capacity I further agree by duties and I am familiar with the second sec
to comply with the provisuand accept the obligation 8. The name, title or cap: Title or Capacity:	ions of all statutes relative to the proper of s of my position as registered agent. (Registered quent's sin acity and address of the person(s) who has Name and Address:	registered agent and agree to a and complete performance of manage is/are Title or Capacity:	y duties and I um familiar with
to comply with the provisuand accept the obligation 8. The name, title or cap: Title or Capacity:	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent s signacity and address of the person(s) who has Name and Address: Sammy Virani P.O. Box 1206	registered agent and agree to a and complete performance of manage is/are Title or Capacity:	Name and Address: Priti Viran: P.O. Box 1206
to comply with the provisuand accept the obligation 8. The name, title or cap: Title or Capacity:	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent s signacity and address of the person(s) who has Name and Address: Sammy Virani P.O. Box 1206	registered agent and agree to a and complete performance of manage is/are Title or Capacity:	Name and Address: Priti Viran: P.O. Box 1206
to comply with the provisuand accept the obligation 8. The name, title or cap: Title or Capacity:	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent s signacity and address of the person(s) who has Name and Address: Sammy Virani P.O. Box 1206	registered agent and agree to a and complete performance of manage is/are Title or Capacity:	Name and Address: Priti Viran: P.O. Box 1206
to comply with the provisual accept the obligation 8. The name, title or capatitle or Capacity: Managing Member	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent acity and address of the person(s) who has Name and Address: Sammy Virani P.O. Box 1206 Kemah, TX 77565	registered agent and agree to a and complete performance of manage is/are Title or Capacity:	Name and Address: Priti Viran: P.O. Box 1206
8. The name, title or cap: Title or Capacity: Managing Member (Use attachments if neces	(Registered agent (Registered	registered agent and agree to a and complete performance of manage is/are Title or Capacity: Managing Member	Name and Address: Priti Virani P.O. Box 1206 Kemah, TX 77565
8. The name, title or caparitle or Capacity: Managing Member (Use attachments if neces)	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent. (R	registered agent and agree to a and complete performance of manage is/are Title or Capacity: Managing Member	Name and Address: Priti Virani P.O. Box 1206 Kemah, TX 77565 having custody of records in the
8. The name, title or caparity: Managing Member (Use attachments if neces) Attached is a certificate jurisdiction under the law	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent. (R	registered agent and agree to a and complete performance of manage is/are Title or Capacity: Managing Member	Name and Address: Priti Virani P.O. Box 1206 Kemah, TX 77565 having custody of records in the
8. The name, title or caparity: Managing Member (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent. (R	mature) //have authority to manage is/are Title or Capacity: Managing Member uty authenticated by the official is in a foreign language, a transl	Name and Address: Priti Viran: P.O. Box 1206 Kemah, TX 77365 having custody of records in the lation of the certificate under oath
8. The name, title or caparities or Capacity: Managing Member (Use attachments if necessity: Managing of the law of the translator must be seen.)	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent. (R	mature) The or Capacity: Managing Member What authority to manage is/are Title or Capacity: Managing Member uly authenticated by the official is in a foreign language, a transl (1) (b), Florida Statutes, I am aw	Name and Address: Priti Viran: P.O. Box 1206 Kemah, TX 77565 having custody of records in the lation of the certificate under oath
8. The name, title or caparities or Capacity: Managing Member (Use attachments if necessity: Managing of the law of the translator must be seen.)	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent. (R	mature) The or Capacity: Managing Member What authority to manage is/are Title or Capacity: Managing Member uly authenticated by the official is in a foreign language, a transl (1) (b), Florida Statutes, I am aw	Name and Address: Priti Virani P.O. Box 1206 Kemah, TX 77565 having custody of records in the lation of the certificate under oath
8. The name, title or caparities or Capacity: Managing Member (Use attachments if necessity: Managing of the law of the translator must be seen.)	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent signature) (Registered	registered agent and agree to a and complete performance of my dendure) //have authority to manage is/are Title or Capacity: Managing Member uly authenticated by the official is in a foreign language, a translet is in a foreign language, a translet degree felony as provided for it.	Name and Address: Priti Virani P.O. Box 1206 Kemah, TX 77565 having custody of records in the lation of the certificate under oath
8. The name, title or caparities or Capacity: Managing Member (Use attachments if necessity: Managing of the law of the translator must be seed.)	ions of all statutes relative to the proper as of my position as registered agent. (Registered agent signature) (Registered	registered agent and agree to a and complete performance of my complete per	Name and Address: Priti Virani P.O. Box 1206 Kemah, TX 77565 having custody of records in the lation of the certificate under oath
8. The name, title or caparities or Capacity: Managing Member (Use attachments if necessity: Managing of the law of the translator must be seed.)	ions of all statutes relative to the proper of sof my position as registered agent. (Registered agent. (registered agent and agree to a and complete performance of my dendure) //have authority to manage is/are Title or Capacity: Managing Member uly authenticated by the official is in a foreign language, a translet is in a foreign language, a translet degree felony as provided for it.	Name and Address: Priti Virani P.O. Box 1206 Kemah, TX 77565 having custody of records in the lation of the certificate under oath

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SPA Hospitality, LLC (file number 801536015), a Domestic Limited Liability Company (LLC), was filed in this office on January 17, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 25, 2018.





Rolando B. Pablos Secretary of State