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TO:

TO:	Registration Section Division of Corporation	ns				
SUBJE	BLACK TIE HOSE	PITALITY, LLC				
		Name of	Limited Liability (Company		
					ansact Business in Florida," Certificate of yeompany to transact business in Florid	
Please 1	return all correspondence	concerning this matter to the	following:			
	MEGAN FOX	:				
		7	Name of Person			
	BLACK TIE E	HOSPITALITY, LLC				
		j .	irm/Company			
	260 PEACHT	REE ST NW SUITE 2200				
			Address			
	ATLANTA, C	GA 30303				
		City/S	State and Zip Code			
	ATL@BLKTIE	HOSPITALITY.COM				
		E-mail address: (to be use	ed for future annual	report no	tification)	
For furt	ther information concerning	ng this matter, please call:				
	JASON CHOY		404 at (523000	05	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	-		Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the follow S125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Checked Chec	name unavailable, enter alternate i	name adopted for the purpose of transacting business in	Florida. The alternate name mu	st include "Limited Liabil	hty Company,"	"L,1,C," o	r "LFC.")
(Date first transacted besiness in Florida, if prior to registration.) 260 PEACHTREE ST NW SUITE 2200 (Street Address of Principal Office) ATLANTA, GA 30303 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JASON CHOY 2875 NE 191TH ST SUITE 500 AVENTURA (City) (Cit			3.				
260 PEACHTREE ST NW SUITE 2200 (Street Address of Principal Office) ATLANTA, GA 30303 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: DASON CHOY	(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number	r, if applicable)		
ATLANTA, GA 30303 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JASON CHOY Office Address: AVENTURA AVENTURA (City) (Cit							
(City) ATLANTA. GA 30303 Name: JASON CHOY Office Address: 2875 NE 191TH ST SUITE 500 AVENTURA (City) (Ci		(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration) rmine penalty liability)				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JASON CHOY Office Address: 2875 NE 191TH ST SUITE 500 AVENTURA (City) (Vipcode) registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ad accept the obligations of my position as registered agent. JASON CHOY (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: PRESIDENT MEGAN E FOX 2875 NE 191TH ST	260 PEACHTREE ST	NW SUITE 2200	6.			w. v.	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JASON CHOY Office Address: 2875 NE 191TH ST SUITE 500 AVENTURA (City) (City)		•	-	(Mailing Addres	ss) 25 []	<u> </u>	
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Office Address: AVENTURA AVENTURA (City) (Name:	JASON CHOY			LOS E	ယ္	Ç.
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Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BLACK TIE HOSPITALITY, 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 JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACK TIE HOSPITALITY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2018.

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

Authentication: 202900387

Date: 06-18-18