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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : F20060000135
Phone : (305) 789-3200
Fax Number : (305) 789-4137

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

Email Address: bedwards@gencomgrp.com

Foreign Limited Liability Company
GRAND PLAZA HOTEL LESSEE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Electronic Filing Menu

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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:

1. GRAND PLAZA HOTEL LESSEE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2242530

(FEI number, if applicable)

4. Date of Filing

(Date first transacted business in Florida, if prior to registration;
See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 2700 Tigertail Avenue

(Street Address of Principal Office)

Miami, FL 33133

6. 2700 Tigertail Avenue

(Mailing Address)

Miami, FL 33133

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name:

Stearns Weaver Miller

Office Address:

130 W. Flagler St., Suite 2200 (NSR)

Miami

(City)

Florida 33130

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.

[Signature]

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

President

Name and Address:

Karim Atiblia

2700 Tigertail Avenue

Miami, FL 33133

Title or Capacity:

Name and Address:

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (j) (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.

[Signature]

(Signature of an authorized person)

Thomas J. Bezold

(Typed or printed name of signer)

Delaware

The First State

Page 1

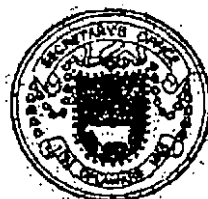
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAND PLAZA HOTEL LESSEE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAND PLAZA HOTEL LESSEE, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2018.

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

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

Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

Authentication: 203646231

Date: 10-19-18