

M18000010710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Archie Fowler

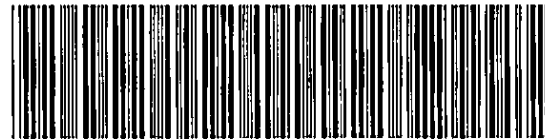
AUTHORIZATION BY _____

CORRECT *name of BIA*

DATE *11/29/18*

ISS BY *uw*

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV -7 PM 5:55

FILED

BL. VORISEK

NOV 30 2018

November 6, 2018

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application By Foreign Limited Liability Company

Dear Secretary:

Enclosed are three (3) Applications by Foreign Limited Liability Company For Authorization to Transact Business in Florida for filing on behalf of:

BSREP II WS Tampa Brandon LLC
BSREP II WS Tampa Northeast LLC
BSREP II WS Clearwater LLC

Also enclosed is a copy of the Articles as certified by the Kansas Secretary of State and a Certificate of Good Standing issued by the Kansas Secretary of State for each entity.

We have enclosed our check in the amount of \$390.00 for payment of the filing fees and certificate of status.

In addition, enclosed is a FedEx label for your convenience in returning the documents to our office. If you have any questions, please contact me. Thank you for your assistance in this matter.

Sincerely,



Leslie Fowler
Real Estate Paralegal
(316) 631-1369

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BSREP II WS Tampa Northeast LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Leslie Fowler

Name of Person

Brookwood Hotels

Firm/Company

8621 E 21st Street North, Suite 200

Address

Wichita, KS 67206

City/State and Zip Code

lfowler@brookwoodhotels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Fowler

316

631-1369

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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:

1. BSREP II WS Tampa Northeast LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Kansas 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. Brookwood Hotels 6. Brookwood Hotels
(Street Address of Principal Office) (Mailing Address)
8621 E 21st Street North, Suite 200 8621 E 21st Street North, Suite 200
Wichita, KS 67206 Wichita, KS 67206

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (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.

Judith Reyes
Assistant Secretary
(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:	Name and Address:	Title or Capacity:	Name and Address:
<u>Secretary/Sr Counsel</u>	<u>Laura Schoenberger</u> <u>8621 E 21st St. N, Ste 200</u> <u>Wichita, KS 67206</u>	_____	_____
<u>Treasurer</u>	<u>Ryan Willey</u> <u>1997 Annapolis Exchange Pkwy</u> <u>Annapolis, MD 21401</u>	_____	_____

(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 (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.

Laura Schoenberger
Signature of an authorized person

Laura Schoenberger
Typed or printed name of signer

FILED
18 NOV -7 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that
according to the records of this office.

Business Entity ID Number: 9179805

Entity Name: BSREP II WS TAMPA NORTHEAST LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW Wanamaker Drive Suite 204, TOPEKA, KS 66614

was filed in this office on October 04, 2018, and is in good standing, having fully complied
with all requirements of this office.

No information is available from this office regarding the financial condition, business
activity or practices of this entity.



In testimony whereof I execute this certificate and affix
the seal of the Secretary of State of the state of Kansas
on this day of October 22, 2018

KRIS W. KOBACH
SECRETARY OF STATE

ertificate ID: 1083616 - To verify the validity of this certificate please visit
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.