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COVER LETTER

TO:	Registratio Division of	n Section Corporations	•				
SUBJE		⁹ II WS Cleary	vater LLC				
300.			Name of L	imited Liability (Company	- · ·	
			ign Limited Liability Compa to register the above referen				
Please r	eturn all corr	espondence co	oncerning this matter to the f	ollowing:			
	l.e	slie Fowler					
•			Na	me of Person			
•	. Ві	ookwood Hot	els				
			Fir	m/Company			
	. 86	21 E 21st Stre	et North, Suite 200				
				Address			
	W	ichita, KS 672	206				
			City/Sta	ite and Zip Code			
	lfov	vler@brookwo	oodhotels.com				
			E-mail address: (to be used	for future annual	report noti	fication)	
For furt	her informati	on concerning	this matter, please call:				
	Leslie Fow	ler		316 at (631-136	69	
		Name of	Contact Person	Area Code	Dayt	time Telephone Number	
		327			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle see, FL 32301	
Enclose	d is a check f □ \$125.00	or the following Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

	3 Sonpage	Liability Company," "L.L.C.," or "LLC.")	
lí name unavailable, enter alternate m	ame adopted for the purpose of unasacting business in Floric	ia. Tue alternate name must include "Limited Limbility Co	impany," "L.L.C," or "LL.C.")
Kansas		3. (FBI number, if a)	
(Jurisdiction under the law of wh	nch foreign innited hability company is organized)	(PEI number, 1: a)	opicanie)
l			_
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	: penalty (inbility)	
5. Brookwood Hotels		6. Brookwood Hotels (Mailing Address)	
(Street Address of P 8621 E 21st Street Nor		8621 E 21st Street North, Suite	200
Wichita, KS 67206		Wichita, KS 67206	TAE T
			> 2
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	AON AON
	Corporation Service Company		SSE SSE
· Name:			
Office Address:	120! Hays Street		F. S. S. C.
,	Tallahassee	. Florida 32301	
	(City)	(Zip code))» OI
aesignatea in this appuca	tion, I hereby accept the appointment as	regineres agest and agree in act in the	K. Culturation . Jun and M
and accept the obligation.	s of my position as registered agents (Registered agent's si	Judith Assistant	s, and I am familiar with Reyes Secretary
and accept the obligation.	s of my position as registered agent	Judith Assistant Thave authority to manage is/arc:	Reyes
and accept the obligation. 8. The name, title or capa	(Registered agent's sincity and address of the person(s) who has Name and Address:	Judith gnature) Assistant s/have authority to manage is/are:	s, and I am familiar with Reyes Secretary
8. The name, title or capa Title or Capacity:	(Registered agent's signature and address of the person(s) who has Name and Address: Laura Schoenberger 8621 E 21st St. N. Stc 200	Judith Assistant Anave authority to manage is/are: Title or Capacity: No	s, and I am familiar with Reyes Secretary
8. The name, title or capa Title or Capacity: Secretary/Sr Counse	(Registered agent's signature of the person(s) who has Name and Address: Laura Schoenberger 8621 E 21st St. N. Stc 200 Wichita, KS 67206 Ryan Willey 1997 Annapolis Exchange Pky Annapolis, MI) 21401	Judith Assistant Anave authority to manage is/are: Title or Capacity: No	s, and I am familiar with Reyes Secretary

Typed or printed name of signer

Laura Schoenberger

Signature of an authorized person

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

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

3usiness Entity ID Number: 9177924

Entity Name: BSREP II WS CLEARWATER 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

vas filed in this office on October 03, 2018, and is in good standing, having fully complied vith 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

Lertificate ID: 1083604 - To verify the validity of this certificate please visit ttps://www.kansas.gov/bess/flow/validate and enter the certificate ID number.