Division of Corporations Electronic Filing Cover Sheet

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(((1118000353530-3)))



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TO:

Division of Corporations

Fax Number : (850:617 6393

Prom:

Account Name : INCORP SERVICES INC

4ccount Number : +20120000007

Phone : (702)866-2500

\*\*Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address in

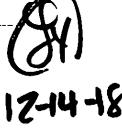
Email Address: documents@incorp.com

# Foreign Limited Liability Company PACIFIC CAMBRIA ORLANDO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Help



From: GFI FaxMaker

TO:

To: 8506176383 H180003535303

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Date: 12/13/2018 6:47:07 AM

# COVER LETTER

UBJECT:	
	Name of Limited Liability Company
he enclose xistence, a	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
case retur	all correspondence concerning this matter to the following:
	Jennifer Sharp
	Name of Person
	InCorp Services, Inc.
	Firm/Company
	3773 Howard Hughes Pkwy, Ste 500s
	Address
	Las Vegas, NV 89169
	City/State and Zip Code
	documents@incorp.com
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
Je	nmifer Sharp on behalf of InCorp Services, Inc. 800 246-2677
_	Name of Contact Person Area Code Daytime Telephone Number
D	AILING ADDRESS: vision of Corporations Division of Corporations restration Section Registration Section
	gistration Section Registration Section  O. Box 6327 Clutton Building  Blabassee, FL 32314 2661 Executive Center Circle

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Date: 12/13/2018 6:47:07 AM

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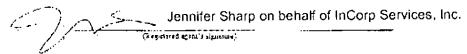
# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE MITH SECTION 605,000, FLORIDA STATUTES THE FULLOWING IS SERMICIALL TO RECISTER A FURISCIAL LIMITED LIABILITY. COMPANY TO FRANSACT BUSINESS IN THE NEATBOR FLORIDA.

DELAWARE    S3-2799740	name unsi (n'2016), chiec allemete r	ame ochipical Ricidia purpusa ochranisativiz dictivess ic. Ao.	ids. The alternation name must extrate "Territor Depth of Company," "L. L.	C," or "LLC.")
Upon Registration  (thre to manage Inspect of Reids (Folge & returnsor)  (Proportion Plaza Drive, Suite 200  (Suite Address of Princips Units)  Nowport Beach, CA 92660  Newport Beach, CA 92660  Newport Beach, CA 92660  Newport Beach, CA 92660  Name and street address of Fiorida registered agent: (P.O. Box NOT acceptable)  InCorp Services, Inc.	<del>-</del>			
17 Corporate Plaza Drive, Suite 206   18 Corporate Plaza Drive, Suit	TitleTitus was do he si w	मारक विजेबहित भिन्नवाहर्त मिन्द्रेगीयम् राज्या प्रकारम् वेव व्यक्तिमानेबत्।	(FII romber, it appliestes)	•
17 Corporate Plaza Drive, Suite 200  (Suite Address (Plaza Drive, Suite 200)  (Suite Address (Plaza Drive, Suite 200)  (Maring Address)  Newport Beach, CA 92660  Newport Beach, CA 92660  Name and <u>stirret address</u> of Fiorida registered agent; (P.O. Box <u>NOT</u> acceptable)  InCorp Services, Inc.	Upon Registration			
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Nowport Beach, CA 92660  Newport Beach, CA 92660	•			
Name and street address of Fiorida registered agent: (P.O. Box NOT acceptable)  InCorp Services, Inc.  1788S 67th Court North	(Suito Aderio all	নিম্নেট্ড এইটেট	(Merury Address)	<del></del>
In Corp Services, Inc.  Name:  1788S 67th Court North	Nowport Beach, CA 93	2660	Newport Beach, CA 92660	
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InCorp Services, Inc.  Name:  1788S 67th Court North		····	<u> </u>	<del></del>
InCorp Services, Inc.  Name:  1788\$ 67th Court North	Name and <u>street addres</u>	ss of Fiorida registered agent; (P.O. Box	NOT acceptable)	<b>18</b>
Name: State To the				
1788S 67th Court North	Nume	InCorp Services, Inc.		53 <b>-</b>
	(1411)	17078 (7d A. ) - A.		$\omega_{0}^{\omega}$ $\omega$
	Office Address:	17888 67th Court North	<u></u>	- ig 🕦
		Lovalistchee	33470	믔

#### 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 famillar with and accept the obligations of my position as registered agent.



### H180003535303

Иапаует 	Pacific Hospitality Orlando, LLC, a Florida fimited liability company	_		
	17 Corporate Plaza, Suite 200			
	Newport Beach, CA 92660			
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		18 13/11/20		
		DEC		
		Sign Z		
	:	AH II:		
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(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)
- 16. 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.

Signature of an authorized pieron

David S. Wood, Manager of Strams Development Partners, LLC, its Manager

Types or printed manie of signer

From: GFI FaxMaker To: 8506176383

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACIFIC CAMBRIA ORLANDO, 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 TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FACIFIC CAMBRIA ORLANDO, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2018.

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

7157637 8300

SR# 2C1878C3517

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

Authentication: 203963237

Date: 11-26-18