

12/14/2018

From: GFI FaxMaker 35017063 Page: 1 Date: 12/14/2018 10:27:12 AM
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6352

From: Account Name : INCORP SERVICES INC
Account Number : 1701200000007
Phone : (702) 866-2500
Fax Number : (702) 355-2699

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

Email Address: documents@incorp.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
PACIFIC HOTEL FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACIFIC HOTEL FLORIDA, 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:

Jennifer Sharp

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Jennifer Sharp for InCorp Services, Inc.

800
at ()

246-2677

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

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

IN COMPLIANCE WITH SECTION 503.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PACIFIC HOTEL FLORIDA, LLC

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

(If none, unavailable, enter alternate name adopted for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. DELAWARE

3. 52-2740291

(Any Florida limited liability company must include "Foreign Liability Company" as a registered agent)

(If none, unavailable)

4. Upon Registration

(If none, unavailable, enter alternate name adopted for the purpose of conducting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")
(See sections 503.001 & 503.002, F.S. for more information)

5. 17 Corporate Plaza Drive, Suite 200

6. 17 Corporate Plaza Drive, Suite 200

(Street Address in Florida)

(Street Address)

Newport Beach, CA 92660

Newport Beach, CA 92660

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

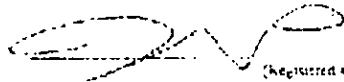
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Tallahassee 323470
(City) Florida (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.



Jennifer Sharp on behalf of InCorp Services, Inc.

(Registered agent's signature)

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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:

Manager

Pacific Hospitality Orlando, LLC

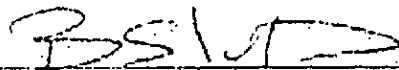
17 Corporate Plaza, Suite 200

Newport Beach, CA 92560

(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.



Signature of an authorized person

David S. Wood

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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Delaware

The First State

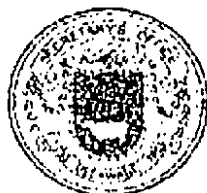
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACIFIC HOTEL FLORIDA, 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 TWELFTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACIFIC HOTEL FLORIDA, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2018.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20188114957

You may verify this certificate online at corp.delaware.gov/authver.shtmlHandwritten signature of Jeffrey W. Bullock, Secretary of State.
Jeffrey W. Bullock, Secretary of State

Authentication: 204085118

Date: 12-12-18

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