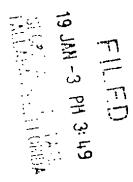
11190000000108

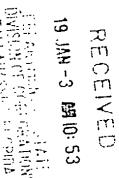
| (Requ | uestor's Name) | |
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| (Addr | ess) | |
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| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Busi | ness Entity Na | me) |
| | | |
| (Doc | ument Number | |
| | | |
| Certified Copies | Certificate | s of Status |
| | | |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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K. SALY JAN 4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 566099 8119901

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: January 2, 2019

ORDER TIME : 9:20 AM

ORDER NO. : 566039-005

CUSTOMER NO: 8119901

FOREIGN FILINGS

NAME: RR BRICKELL MANAGEMENT, LLC

XXXX_ QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: | RR Brickell Management, LLC | | | | | |
|-------------------------------|--|--------------|------------------------------------|---|---|------------------------------------|
| | Name of I | Lim | ited Liability C | ompany | | |
| The enclosed Existence, as | d "Application by Foreign Limited Liability Comp and check are submitted to register the above refere | oany ence | for Authorizat d foreign limite | tion to Transac ed liability con | t Business in Florida, apany to transact busin | Certificate of less in Florida. |
| Please return | all correspondence concerning this matter to the | follo | owing: | | | |
| | Julie Sheahan | | | | | |
| | Na | ame | of Person | | | |
| | Radisson Hotel Group | | | | | |
| | Fi | .m/(| Company | | | |
| | 701 Carlson Parkway, Suite 300 | | | | | |
| | | Ac | ddress | | ·· | |
| | Minnetonka, MN, 55305 | | | | | |
| | City/St | tate | and Zip Code | | | |
| | corporate_governance@radisson hotels.com | | | | | |
| | E-mail address: (to be used | l for | future annual | report notificat | ion) | |
| For further is | nformation concerning this matter, please call: | | | | | |
| Juli | ie Sheahan | at | 763 (| 212-0489 | | |
| | Name of Contact Person | | Area Code | Daytime | Telephone Number | |
| Div Reg P.O | ALLING ADDRESS: ision of Corporations vistration Section Box 6327 iahassee, FL 32314 | | | STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee, F | orporations ection ng e Center Circle | |
| _ | s check for the following amount: \$125.00 Filing Fee \$\square \text{S130.00 Filing Fee & Certificate of State}\$ | | \$155.00 E | - | \$160.00 Filing to | |

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:

| RR Brickell Manageme | ent, LLC | | | |
|--------------------------------------|--|-------------------------------------|--|---------------------------|
| (Name of Foreign | Limited Liability Company, must include "Limite | ed Liability (| Company," "U.L.C.," or "LLC.") | |
| f name unavadable, enter alternate n | ame adopted for the purpose of transacting business in Flo | orida. The alter | mate name must include "Limited Liability Com- | pany," "L.L.C." or "LLC." |
| Maryland | | 3 | | |
| [Jurisdiction under the law of w | hich foreign limited liability company is organized) | J | (FEI number, if appl | scable) |
| · | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ | registration.) sine penalty lial | oility) | |
| 701 Carlson Parkway | | 6. | 01 Carlson Parkway | |
| (Street Address of F | Trincipal Office) | J | (Mailing Address) | |
| Suite 300 | | S | uite 300 | |
| Minnetonka, MN, 5530 | 05 | N | 1innetonka, MN, 55305 | |
| Name and street address | s of Florida registered agent: (P.O. Box | NOT acc | ceptable) | |
| Name: | Corporation Service Company | | | |
| Office Address: | 1201 Hays Street | | | 7 |
| | Tallahassee | | 32301 , Florida | |
| | (Cuy) | | (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.

Asst. Vice Presiden

| Vice President-Finance | J. Timothy Sticha | |
|--|--|--|
| | 701 Carlson Parkway, Suite 300 | |
| | Minnetonka, MN, 55305 | |
| Assistant Secretary | Jared J. Gamer | |
| | 701 Carlson Parkway, Suite 300 | 19 14 |
| | Minnetonka, MN, 55305 | 三 |
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| e attachments if necessary) | | |
| tached is a certificate of existence diction under the law of which it e translator must be submitted) | e, no more than 90 days old, duly authenticated by the official has organized. (If the certificate is in a foreign language, a translated) | aving custody of records in the tion of the certificate under oath |
| his document is executed in acco | ardance with section 605.0203 (1) (b), Florida Statutes. I am awa | re that any false information |

Signature of an authorized person

Typed or printed name of signee

Jared J. Gamer

STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RR BRICKELL MANAGEMENT, LLC (W19301225), REGISTERED DECEMBER 20, 2018, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 02, 2019.

FIL ELD

Michael L. Higgs Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 7pxJg_MhL0CAAYzncYxGAg To verify the Authentication Code, visit http://dat.maryland.gov/verify