M1900000069Z

(Req	uestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to F	iling Officer:				

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70 M19-692



N. CAUSSEAUX JAN 2.1 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 594809 7481856

AUTHORIZATION: Spella de No.

COST LIMIT : \$ 125.00

ORDER DATE: January 18, 2019

ORDER TIME : 12:32 PM

ORDER NO. : 594809-005

CUSTOMER NO: 7481856

FOREIGN FILINGS

NAME: 1 SB LESSEE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

	Division of Corporations						
UBJE	I SB Lessee LLC						
	Name of Limited Liability Company						
	closed "Application by Foreign Limited Liability Comp ce, and check are submitted to register the above refere						
'lease i	return all correspondence concerning this matter to the	following:					
	Melissa Durbin						
	N	Name of Person					
	Host Hotels & Resorts, Inc.	Host Hotels & Resorts, Inc.					
	Fi	Firm/Company					
	6903 Rockledge Drive, Suite 1500	6903 Rockledge Drive, Suite 1500					
		Address					
	Bethesda, Maryland 20817	Bethesda, Maryland 20817					
	City/S	tate and Zip Code					
	ronald.clarke@hosthotels.com						
	E-mail address: (to be use	d for future annual report no	otification)				
For fur	ther information concerning this matter, please call:						
Melissa Durbin		240 744-5 at ()	163				
	Name of Contact Person		ytime 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					
			see, FL 32301				
Enclos	ed is a check for the following amount: \$\Boxed{1} \$125.00 \text{ Filing Fee} \Boxed{1} \$130.00 \text{ 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 COMPILIANCE 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 SB Lessee LLC	CLIED EVITE SIATE OF T BOARDA			
	Limited Liability Company, must include "Limited	Liability Company," "L L C ," or "	LLC')	
	ame adopted for the purpose of transacting business in Flori		ited Lishiny Company," "L L C." or "LLC.")	
2. Delaware	uch foreign familed liability company is diggreered)	3. <u>n/a</u>	El number, if applicable)	
Amidenting midt he na di si	аси месяри опине извышу сопраду в оказалеці	(P	Et number, ii appresable)	
4. Upon filing				
	(Date first transacted business in Florida, if prior to re (See sections 603 0904 & 603 0905, F.S. to determine	e penalty hability)	c, Suite 1500	
5. 6903 Rockledge Dive,		6. 6903 Rockledge Dive	e, Suite 1500	
(Succi Address of P Bethesda, Maryland 20		Bethesda, Maryland 2	20817	
			, ,	
				
7 Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	بې	
		Tita I deschmote)	<u>:7</u>	
Name:	Corporation Service Company		_	
Office Address:	1201 Hays Street			
	Tallahassee	, Florida 3230	11	
	(Cu ₂)	, riorida	(Zip code)	
Registered agent's accep				
Having been named as re	gistered agent and to accept service of p tlon, I hereby accept the appointment as	rocess for the above stated to	imited liability company at the place	
to comply with the provisi	ions of all statutes relative to the proper	regisieren ugent und ugree i and complete performance o	io uct in this capacity. Theriter agrees of my duties, and I am familiar with	
and accept the obligation:	s of my position as registered agent.	· ·	Roxanne Turner	
	Corporation Service Company		Asst. Vice President	
	(Registered agend's s	The nec		
	(reguerita agem 1 a	,		
	acity and address of the person(s) who ha			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Manager, President	Nathan S. Tyrrell			
	6903 Rockledge Dr. Ste. 1500 Bethesda, Maryland 20817			
		•		
Manager, Vice Pres.	Jeffrey S. Clark	·		
	6903 Rockledge Dr. Ste. 1500 Bethesda, Maryland 20817	-		
(()		•		
(Use attachments if neces	sary)			
9. Attached is a certificate	of existence, no more than 90 days old,	iuly authenticated by the offic	cial having custody of records in the	
jurisdiction under the law of the translator must be s	of which it is organized. (If the certificate	e is in a foreign language, a tr	ranslation of the certificate under oath	
of the fransistor thus be s	uomacu			
10. This document is exec	uted in accordance with section 605.0203	(1) (b), Florida Statutes, I an	n aware that any false information	
submitted in a document to	o the Department of State constitutes a thi	d degree felony as provided	for in s.817,155, F.S.	
	Jeffey S. Clan	<u></u>		
	V 4 Signature	of an authorized person		
	Jeffrey S. Clark			
		printed name of signer		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "1 SB LESSEE 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 EIGHTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1 SB LESSEE LLC"

WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2019.

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





Authentication: 202107303

Date: 01-18-19

7242354 8300

SR# 20190365576

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