3/14/2019

H19000087246

Division of Corporations

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Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

Foreign Limited Liability Company
HT Downtown OpCo VIII, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

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3/15/19 QS

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:

1. HT Downtown OpCo VIII, L.L.C.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which the foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. Upon qualification
(Date first transacts business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 900 N Michigan Avenue, Ste. 1900
(Street Address of Principal Office)
Chicago, IL 60611

6. 900 N. Michigan Avenue, Ste. 1900
(Mailing Address)
Chicago, IL 60611

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

C T Corporation System

By: _____ James M. Halpin
(Registered agent's signature) Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:
☒ Manager	Name: Justin Leonard
☐ Member	Address: 900 N. Michigan Ave, #1900
☐ Authorized Person	Chicago, IL 60611
☐ Other_____	☐ Other_____

Title or Capacity:	Name and Address:
☐ Manager	Name:
☐ Member	Address:
☐ Authorized Person	
☐ Other_____	☐ Other_____

☐ Manager	Name:
☐ Member	Address:
☐ Authorized Person	
☐ Other_____	☐ Other_____

☐ Manager	Name:
☐ Member	Address:
☐ Authorized Person	
☐ Other_____	☐ Other_____

☐ Manager	Name:
☐ Member	Address:
☐ Authorized Person	
☐ Other_____	☐ Other_____

☐ Manager	Name:
☐ Member	Address:
☐ Authorized Person	
☐ Other_____	☐ Other_____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Karla J. Ramirez

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HT DOWNTOWN OPCO VIII, L.L.C." 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 FOURTEENTH DAY OF MARCH, A.D. 2019.

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

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2019 MAR 14 P 8:50
TALLAHASSEE, FLORIDA

Jeffrey W. Bullock, Secretary of State

7279453 8300
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