

4/1/2019

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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.****

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Foreign Limited Liability Company
TAMPA ROCKY POINT HOTEL LLC

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

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4/2/19 DS

IN ORDER TO PARTICIPATE IN SUCH A BUSINESS CONCERN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO DO BUSINESS IN THE STATE OF FLORIDA:

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

if found to be available, with that rate being subject to the payment of Canadian income tax on dividends. The alternative rate is to include "Eligible Dividend Income" (E.D.I.) or "E.D.I."

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T

(Date first unlisted business in Faxon 3 prior to registration)
(See sources for 1934 & 1935; 1936, E.S. Johnson as owner by habit)

401 Church Street, Suite 2800

¹ Street Address of Applicant(s) (Fey)

(c)

Notation: Δ is given by

Nashville, TN 37219

Nashville, TN 37219

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

CT Corporation System

1200 South Pine Island Road

Plantation _____, Florida 33324
(City) (Zip, etc.)

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 Systems
By _____

(Registered women's employee)

Angel Shearer
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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Tampa Rocky Point Capital II LLC	☐ Manager	Name: _____
☒ Member	Address: c/o CastleRock Asset Management LLC	☐ Member	Address: _____
☐ Authorized	401 Church Street, Suite 2800	☐ Authorized	_____
Person	Nashville, TN 37219	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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.

Hubert Lee Worrell IV
Signature of an authorized person

Hubert Lee Worrell IV

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAMPA ROCKY POINT HOTEL 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 FIRST DAY OF APRIL, A.D. 2019.

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



7342616 8300

SR# 20192433576

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202552095

Date: 04-01-19