

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BSREP II WS Orlando Kissimmee 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:

Leslie Fowler
Name of Person

Brookwood Hotels
Firm/Company

8621 E 21st Street N, Ste. 230
Address

Wichita, KS 67206
City/State and Zip Code

lfowler@brookwoodhotels.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Fowler at (316) 631-1369
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

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. BSREP II WS Orlando Kissimmee LLC
(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. Kansas (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 8621 E 21st Street N, Ste. 230 (Street Address of Principal Office)
6. 8621 E 21st Street N, Ste. 230 (Mailing Address)

Wichita, KS 67206 Wichita, KS 67206

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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 L. Hiester (Registered agent's signature) Assistant Vice President

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: Manager **Name and Address:** Name: BSREP II WS Hotel Expansion MM LLC
 Member Address: 8621 E 21st Street North
 Authorized Suite 230
 Person Wichita, KS 67206
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: BSREP II WS Hotel Expansion Holding LLC
 Member Address: 8621 E 21st Street North
 Authorized Suite 230
 Person Wichita, KS 67206
 Other _____ Other _____

Manager **Name:** Roy "Ziggy" Clayton
 Member **Address:** 10801 Monroe Rd
 Authorized Suite B
 Person Matthews, NC 28105
 Other _____ Other _____

Manager **Name:** Laura Schoenberger
 Member **Address:** 8621 E 21st Street North
 Authorized Suite 230
 Person Wichita, KS 67206
 Other _____ Other _____


Manager **Name:** Darien Wright
 Member **Address:** 799 9th Street NW
 Authorized Suite 260
 Person Washington, DC 20001
 Other _____ Other _____

Manager **Name:** _____
 Member **Address:** _____
 Authorized _____
 Person _____
 Other _____ Other _____

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

Laura Schoenberger

 Typed or printed name of signer

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STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9267485

Entity Name: BSREP II WS ORLANDO KISSIMMEE LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 Wanamaker Drive Suite 204, TOPEKA, KS 66614

was filed in this office on January 07, 2019, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 02, 2019

A handwritten signature in cursive script that reads "Scott Schwab".

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1100888 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.