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UM 25 2019 B KINSEY RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

and the second second

ACCOUNT NO. : I20000000195

REFERENCE : 819142100 :

COST LIMIT : \$ 125.00

ORDER DATE : June 24, 2019

ORDER TIME : 1:26 PM

ORDER NO. : 819142-015

CUSTOMER NO: 4809148

FOREIGN FILINGS

NAME: HLT CONRAD DOMESTIC EMPLOYER 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: Lydia Cohen -- EXT# 62974

EXAMINER:

## COVER LETTER

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TO:		ation Section n of Corporations	ı					
C1{B 1I		.T Conrad Domest	ic Employer LLC			<u></u>		
SUBJECT: Name of Limited Liability Company								
The en Exister	iclosed "A nce, and c	application by Fore heck are submitted	ign Limited Liability Company to register the above reference	y for Authoriza ed foreign limit	tion to Transact Business led liability company to tr	in Florida," ansact busir	Certifi ess in l	cate of Florida
Please	return all	correspondence co	oncerning this matter to the following	lowing:				
		Abigail Hotchki	n					
Name of Person								
		Hilton						
Firm/Company								
		7930 Jones Bran	nch Drive					
Address								
	McLean, VA 22102							
	City/State and Zip Code							
abigail.hotchkin@hilton.com								
			E-mail address: (to be used fo	r future annual	report notification)	P w	19	
For further information concerning this matter, please call:						[A]	NE C	
	Abigai ——	l Hotchkin	a	703 1 (_	8835732	1 × 1	21,	 
		Name of	Contact Person	Area Code	Daytime Telephone	Number	3	₽. ₽.
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		JUN 21- AM 10: 45	
	Enclose Please	ed is a check for the make check payabl	e following amount: e to: FLORIDA DEPARTMI	ENT OF STAT	ΓE			
	\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Box S155.00 Filing Fee & Box S160.00 Filing Certificate of Status Certified Copy 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: **HLT Conrad Domestic Employer 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 (measacting business in Florids. The alternate name must include "Limited Liability Company," "LLC," or "LLC.") 84-2092085 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transpered business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 7930 Jones Branch Drive 7930 Jones Branch Drive (Street Address of Principal Office) (Mailing Address) McLean, VA 22102 McLean, VA 22102 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 Florida (City) 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.

> Corporation Service Company Lydia Cohen Asst. Vice President (Registered agent's signature)

	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: Hilton Employer Inc	Title or Capacity		Name and Address:							
Manager	Name: Hilton Employer Inc.	Manager	Name:								
Member	Address:	Member	Address:								
Authorized	McLean, VA 22102	Authorized									
Person		Person	<del></del>								
Other	Other	Other	<del></del> -	Other							
Manager	Name:	Manager	Name:								
Member	Address:	☐ Member	Address:								
□Authorized		☐ Authorized									
Person		Person	<del></del>								
Other	Other	Other		Other							
Manager	Name:	☐ Manager	Name:	ГА: 19							
Member	Address:	Member	Address;								
Authorized		☐ Authorized		** 22							
Person		Person									
Other	Other	Other	<del></del>								
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 certi	ficate of existence, no more than 90 days old, a law of which it is organized. (If the certificat	duly authenticated by the	e official having	custody of records in the							
10. This document is submitted in a docum	executed in accordance with section 605,0203 tent to the Department of State constitutes a thi	(1) (b), Florida Statutes ird degree felony as prov	s. I am aware the ided for in s.81	at any false information 7.155, F.S.							
Signature of an authorized person											
	A highil Herblein	от же жилингесо раткоп									
	Abigail Hotchkin										

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HLT CONRAD DOMESTIC EMPLOYER 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HLT CONRAD DOMESTIC EMPLOYER LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2019.

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

Authentication: 203086136

Date: 06-24-19

7461393 8300 SR# 20195617441