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	Fax Number	: (850)617-6383	LEC 119
From:			2019 JUN 26 SECKLITATOY TALLAHASSE
	Account Name	: C T CORPORATION SYSTEM	25 2
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## Foreign Limited Liability Company GVI-IP Tampa Hotel Tenant, LLC

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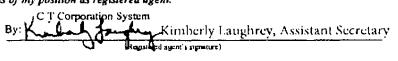
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name usavailable, enter alternate n	ame adapted for the purpose of transacting business in fi	ousta The s	Iternate wasse must include "Limited Liability Company," "E. U.C." or "LLC		
Delaware 2.		3	(FEI number: ((appolicable)		
(Junsdiction under the law of w)	sich foreign brussed liability company is organized)	3.	(FEI number, I applicable)		
N/A 4.			- 100mm 10		
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration and penalty	bubility)		
c/o GEM Realty Capita	•	6.	c/o GEM Realty Capital, Inc.		
(Street Address of F	rincipal Office)	ο	Olichiag Address OF W		
900 N. Michigan Ave.,	Suite 1450	900 N. Michigan Ave., Suite 1450			
Chicago, Illinois 6061	Chicago, Illinois 60611		Chicago, Illinois 60611		
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)		
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road		<del></del>		
	Plantation		33324 , Florida		
	(City)		, Piorida(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.



8. For initial index manage (up to six (6	ing purposes, list names, title or capacity and address) total}:  Name and Address;	esses of the primary m	embers/managers or persons authorized to				
Title or Capacity:	GVI-IP Tampa Hotel Tenant	Title or Capacity:	Name and Address:				
Manager	Name: Holdings, LLC	Manager	Name: Craig Caffarcrlli				
⊠Member	Address: c/o GEM Realty Capital, Inc.	Member	Address:c/o GEM Realty Capital. Inc				
Authorized	900 N. Michigan Ave., Suite 1450	☐ Authoriz <del>z</del> d	900 N. Michigan Ave., Suite 1450				
Person	Chicago, Illinois 60611	Person	Chicago, Illinois 60611				
Other	Other	Other Administra Manager					
☐Manager	Name:	☐ Manager	Name: TALL Address: Address: 28				
Authorized		Authorized	m · r				
Person		Person	77 3 0				
Other	Other	Other	Officer 42				
☐Manager	Name:	☐ Manager	Name:				
Authorized	Address:	Authorized					
Person		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.  Lyn Walsh, Authorized Person							
Typed or protect name of sures							



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GVI-IP TAMPA HOTEL TENANT, 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-SIXTH DAY OF JUNE, A.D. 2019.

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

7484145 8300 SR# 20195672351 You may verify this certificate online at corp delaware.gov/authver.shtml Authentication: 203105574

Date: 06-26-19