

M19000006974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

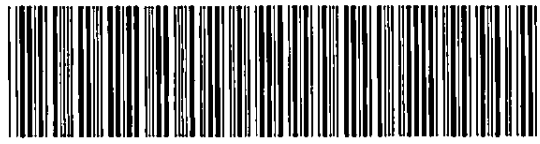
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JUL 18 AM 10:52  
FILED  
19 JUL 18 AM 11:24  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B KINSEY  
6102 6 1 707

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 850098 8272814

AUTHORIZATION :



COST LIMIT : \$ 160.00

-----  
ORDER DATE : July 17, 2019

ORDER TIME : 9:54 AM

ORDER NO. : 850098-005

CUSTOMER NO: 8272814  
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FOREIGN FILINGS

NAME: LYRIC OPCO HOLDINGS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LYRIC OPCO HOLDINGS 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:

Matthew C. Berg  
Name of Person  
Lyric Hospitality, Inc.  
Firm/Company  
300 Montgomery Street, Suite 500  
Address  
San Francisco, CA 94104  
City/State and Zip Code  
finance@lyric.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew C. Berg at ( 973 ) 477-9466  
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

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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. Lyric Opco Holdings 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. Delaware  
(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. 300 Montgomery Street  
(Street Address of Principal Office)

6. 300 Montgomery Street  
(Mailing Address)

Suite 500

Suite 500

San Francisco, CA 94104

San Francisco, CA 94104

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.*

By: Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
 Asst. 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]:

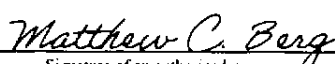
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Lyric Hospitality, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Joseph Fraiman</u>
<input checked="" type="checkbox"/> Member	Address: <u>300 Montgomery Street, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>300 Montgomery Street, Suite 500</u>
<input type="checkbox"/> Authorized Person	<u>San Francisco, CA 94104</u>	<input checked="" type="checkbox"/> Authorized Person	<u>San Francisco, CA 94104</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Matthew C. Berg</u>	<input type="checkbox"/> Manager	Name: <u>Daniel Kopelovich</u>
<input type="checkbox"/> Member	Address: <u>300 Montgomery Street, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>300 Montgomery Street, Suite 500</u>
<input checked="" type="checkbox"/> Authorized Person	<u>San Francisco, CA 94104</u>	<input checked="" type="checkbox"/> Authorized Person	<u>300 Montgomery Street, Suite 500</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Andrew Kitchell</u>	<input type="checkbox"/> Manager	Name: <u>Zachary Merritt</u>
<input type="checkbox"/> Member	Address: <u>300 Montgomery Street, Suite 500</u>	<input type="checkbox"/> Member	Address: <u>300 Montgomery Street, Suite 500</u>
<input checked="" type="checkbox"/> Authorized Person	<u>San Francisco, CA 94104</u>	<input checked="" type="checkbox"/> Authorized Person	<u>San Francisco, CA 94104</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 DATE  
 TIME  
 OFFICE  
 ALL AT 500

**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  
  
 Matthew C. Berg  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LYRIC OPCO HOLDINGS 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 TENTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYRIC OPCO HOLDINGS LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2019.

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



  
Jeffrey W. Bullock, Secretary of State

7408036 8300

SR# 20193770958

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202805587

Date: 05-10-19