

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
 Account Number : 075500004387
 Phone : (813) 229-7600
 Fax Number : (813) 229-1660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ARichards@shumaker.com

**Foreign Limited Liability Company
 TBEP Hospitality I JV, LLC**

Certificate of Status	0
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AUG 7 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TBEP Hospitality I JV, 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:

April Richards

Name of Person

Shumaker, Loop & Kendrick, LLP

Firm/Company

101 East Kennedy Blvd. Suite 2800

Address

Tampa, Florida 33602

City/State and Zip Code

arichards@shumaker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Richards

813

227-2355

at ()

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

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TBEP Hospitality I IV, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")
2. Delaware
(State of incorporation or organization of the company)
3. N/A
(If foreign, list country)
4. On or after filing
(Date first intended to conduct business in Florida, if prior to registration)
(Not acceptable: 655 0904 or 605.0405, P.S. to determine penalty liability)
5. 401 Channelside Drive
Tampa, Florida 33602
6. 401 Channelside Drive
Tampa, Florida 33602

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

Name: Jessica Merrick

Office Address: 401 Channelside Drive
Tampa, Florida 33602
(City) (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.

[Signature]
(Registered agent's signature)

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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: Jessica Merrick	☐ Manager	Name: _____
☐ Member	Address: 401 Channelside Drive	☐ Member	Address: _____
☒ Authorized	Tampa, Florida 33602	☐ Authorized	_____
Person	_____	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 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.

Jessica Merrick

Signature of an authorized person

Typed or printed name of signer

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TBEP HOSPITALITY I JV, 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 FIFTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TBEP HOSPITALITY I JV, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2019.

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

2019 AUG -6 PM 4:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



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