# M19000007559

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<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
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Z BROWN AUG 0 7 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 871839 4370110

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AUTHORIZATION :

COST LIMIT : \$ 123,00

ORDER DATE : August 5, 2019

ORDER TIME : 9:0 AM

ORDER NO. : 871839-005

CUSTOMER NO: 4370110

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### FOREIGN FILINGS

NAME: ASHFORD TRS SARASOTA

RESIDENCE LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## COVER LETTER

SUBJECT:	Ashford TRS Sarasota Residence LLC	
	Name	of Limited Liability Company
Situation to, un	d cheek are submitted to register the above rer	ompany for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Floric
Please return	all correspondence concerning this matter to t	the following:
	Ruth Shumway	
		Name of Person
	Ashford	
		Firm/Company
	14185 Dallas Parkway, Suite 1100	
		Address
	Dallas, TX 75254	
	City/	/State and Zip Code
	rshumway@ashfordinc.com	
	E-mail address: (to be us	sed for future annual report notification)
For further info	ormation concerning this matter, please call:	
Ruth	Shumway	972 778-9203 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
Divisi Regist P.O. E	LING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec. FL 32301
Enclos Please	ed is a check for the following amount: make check payable to: FLORIDA DEPAR	TMENT OF STATE
<b>□</b> \$1	25.00 Filing Fee S130.00 Filing Fee & Certificate of Sta	& S155.00 Filing Fee & S160.00 Filing Fee Certificat

### 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:

_		rida. The alte				
Delaware		3.	82-4421958			
(Jurisdiction under the law of which foreign limited liability company is organized)				(FEI number, if applicable)		
	(Date first manuscred business in Florida, if prior to (See sections 605.0904 & 605.0905; F.S. to determine	registration.)		<del></del> .		
		ne penalty lu	bility)			
14185 Dallas Parkw	Principal Office)	6.		(Mailing Address)		
(Street Address of	Principal Office)	_		(Mailing Address)		
Dallas, TX 75254						5
		_	<del></del>			<del>•</del> ••
					- 14	;-
			· · · · · · · · · · · · · · · · · · ·		:	<del></del>
ame and street addres	s of Florida registered agent: (P.O. Box	NOT ac	ceptable)		-+	٠.
					••	
Name	Corporation Service Company				* :	٠
Name:		<del></del>	<del>-</del>		•	:
Office Address:	1201 Hays Street					
Office Address.						
	Tallahassee		. Florida	32301		
	(City)		, riorida	(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.

Roxanne Turner 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: Title or Capacity: Name and Address: Name: Deric S. Eubanks Manager Manager 14185 Dallas Parkway Member Address: Member Address: Suite 1100 Authorized Authorized Dallas, TX 75254 Person Person Other Other\_ Other\_\_\_\_ Other Manager Name: \_\_\_\_\_ Маладет Name: Member Address: \_\_\_\_ ☐ Member Address: Authorized Authorized Person Person 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. Nonindexed 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. Deric S. Eubanks, President and Secretary

Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASHFORD TRS SARASOTA RESIDENCE 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 "ASHFORD TRS SARASOTA RESIDENCE LLC" WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 203352408

Date: 08-05-19