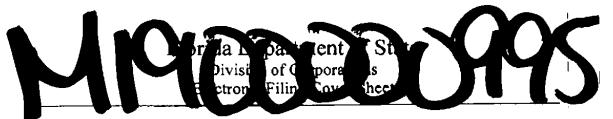
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Division of Corporations

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From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN,

Account Number : 072720000266

Phone Fax Number : (941)366-4800 : (941)552-7141

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

Email Address: angus@floridays.net

Foreign Limited Liability Company M45 East Austin Ventures LLC

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OCT 18 2019 10/17/

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABIL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. M45 East Ausdin Venti (Name of Foreign	Limited Cubility Company, soust include "Limite	d Lightliy Co	ompany," "LLC." or "LLC.")	
(lif Barris umsveilleble, erser allacriste i	unne adopted for the purpose of transacting business in Flo	ride. The electric	nte eaces crutte ênclude "Limited Linbflity Compan	_F ="LLC,"«"LLC.")
Delaware 2(Sachdicion under the term of w	hich levelyn limited hibblity company to organization)	3	(PEI camber, I (applica)	
4	(Date Brill transported business in Florids, if prior to Class accisions \$63,0904 & 603,0907, F.S. to determ	engiatration.) ino practy lieb		
783 S. Orange Avenue 5. (See: Addition	e, Suite 210	75	3 S. Orange Avenue, Suite 210	
Sarasota, FL 34236		Se	resota, FL 34236	2819
7 Name and street addm	sa of Florida registered agent: (P.O. Box	— NOT acc	entable)	1900117
Name:	Angus C. Rogers		<u>-</u>	
Office Address:	763 S. Orange Avenue, Suite 210			රි
	Sarasota (City)		34236 , Florida(Zp onty)	

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 plat designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further at to comply with the provisions of all statutes relative to the proper and complets performance of my duties, and I am familiar wit and accept the obligations of my position as registered agent.

Tkle or Capacity:	Name and Address: Name: ARBO Hotel Group IV, LLC	Title or Capacky:	Name:	Name and Address:
-	Address: 783 S. Orange Avenue, Suite 210	Member	Address:	
Authorized	Sarasote, FL 34236	☐ Authorized		
Person		Person		
	Other	Other		Other
Manager	Name:	Manager	Name:	····
☐Member	Address:	☐ Member	Address:	
Authorized		☐ Authorized		
Person		Person		20 9
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	. 7
-	Address:	Member	Address: _	
Authorized	<u> </u>	Authorized		<u> </u>
Person		Person		
Other	Other	Other		Other
 indexed Individuals in Attached is a certification under the of the translator must This document is 	e an attachment to report more than six (6). The nay be added to the index when filing your Florificate of existence, no more than 90 days old, during the of which it is organized. (If the certificate is be submitted) executed in accordance with section 605.0203 (ent to the Department of State constitutes a third	ide Department of State ily authenticated by the s in a foreign language, () (b), Florida Statutes.	Annual Repo official havis , a translation	ort form. Ig custody of records in the of the certificate under or that any false information.

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "M45 EAST AUSTIN VENTURES 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 SIXTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M45 EAST AUSTIN VENTURES LLC" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2019.

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

80:1:1:1

7553430 8300 SR# 20197582233

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffely W. Bullick, Bernetary of State

Authentication: 20380674

Date: 10-16-1