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OCT 2 8 2019 S. YOUNG 5

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

REFERENCE : 023723 / 7964125

AUTHORIZATION : Julius

ACCOUNT NO. : I2000000195

COST LIMIT : \$ 125.00

ORDER DATE: October 24, 2019

ORDER TIME : 8:46 AM

ORDER NO. : 023723-010

CUSTOMER NO: 7964125

FOREIGN FILINGS

NAME: HOTEL TONIGHT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Hotel Tonight, LLC		
Name of Limited Liability Company			
The en Exister	osed "Application by Foreign Limited Liabilie, and check are submitted to register the abo	y Company for Authorization to Transact Business in Florida," Certificate of re referenced foreign limited liability company to transact business in Florida.	
Please	turn all correspondence concerning this matte	r to the following:	
	Brooke Gosselin		
		Name of Person	
	Firm/Company		
	901 Market St, Suite 310		
Address			
San Francisco, CA 94103			
	City/State and Zip Code		
E-mail address: (to be used for future annual report notification)			
For fur	er information concerning this matter, please	call:	
		at ()	
	Name of Contact Person	at () Area Code Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, F1. 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D	Tallahassee, FL 32301 EPARTMENT OF STATE	
	\$125.00 Filing Fee \$130.00 Filing Certificat	g Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy	

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Hotel Tonight, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L. L. C.," or "LLC") (If name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL C." or "LLC"] Delaware 27-4845635 (Jurisdiction under the law of which foreign lumited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 901 Market St, Suite 310 901 Market St, Suite 310 (Street Address of Principal Office) (Mailing Address) San Francisco, CA 94103 San Francisco, CA 94103 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street

Registered agent's acceptance:

Office Address:

Tallahassee

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 Tumes

32301

(Zip code)

Corporation Service Company

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Airbnb, Inc. Manager Name: 888 Brannan St ■ Member ☐ Member Address: San Francisco, CA 94103 Authorized Authorized Person Person Other____ Other____ □Other Other____ Manager ■ Manager Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other_ Other___ Other____ Manager Name: _____ Member Address: Member Address: _____ Authorized ☐ Authorized Person Person 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. Sugnature of an authorized person Garth Bossow

Typed or printed name of signer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HOTEL TONIGHT, 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-FOURTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOTEL TONIGHT, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2019.

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



Authentication: 203862614

Date: 10-24-19