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TO:		istration Section sion of Corporations					
SUBJE	CT:	Our Town Hospitality,k LL	.C				
Name of Limited Liability Company							
					tion to Transact Business in Florida, ted liability company to transact busi		
Please	return	all correspondence concern	ing this matter to the	following:			
		Ann M. Joslin					
	Name of Person						
	David, Kamp & Frank, L.L.C.						
	Firm/Company 739 Thimble Shoals Boulevard, Suite 105 Address Newport News, VA 23606 City/State and Zip Code vblake@ourtownhospitality.com					-	
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	E-mail address: (to be used for future annual report notification)					- (· ·	<u>.</u>
For fur	ther in	formation concerning this n	natter, please call:			C0.	7 - 17
	Ann M. Joslin			757 at (595-4500		
		Name of Conta	act Person	Area Code	Daytime Telephone Number	փ: 22 -	
	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	, KJ	
	Plea	losed is a check for the follose make check payable to: I		ž I \$155.00	TE Filing Fee & S160.00 Filing ed Copy of Status & Ce	-	

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: Our Town Hospitality, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.") (If name unavailable, exict alternate name adopted for the purpose of transacting business in Florida. The elternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Virginia 84-2294858 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI mamber, if applicable) (Date first transacted business in Flurida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4290 New Town Avenue (Street Address of Principal Office) (Mailing Address) Williamsburg, VA 23188 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun STreet, Suite 4 Office Address: Tallahassee , Florida (Cuy) 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.

Sheila Carroll, Assistant Secretary

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: ATC Manager, LLC ■ Manager ■ Manager Address: ____ Member Member Address: Williamsburg, VA 23188 ☐ Authorized Muthorized Person Person Other_ Other____ Other____ Other_ WWIII Manager, LLC ☐ Manager Name: ■ Manager Address: 4290 New Town Avenue Member Address: Member Williamsburg, VA 23188 Authorized Authorized Person Person Other_ Other____ Other Other_ Manager Manager Address: ☐ Member Address: Member ☐ 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.

D. Wayne West, Manager of WWIII Manager, LLC, its Manager

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Our Town Hospitality, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia:

That the date of its organization is July 3, 2019; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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Signed and Sealed at Richmond on this Date: October 24, 2019

Joel H. Peck, Clerk of the Commission

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