

M19000010738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

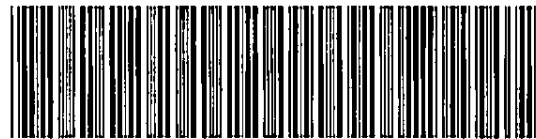
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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5014 1000

October 28, 2019

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Application By Foreign Limited Liability Company

Dear Secretary:

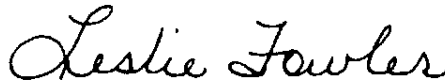
Enclosed is an Application for Authorization to Transact Business in Florida for filing on behalf of BSREP II WS Hotel Expansion TRS Sub LLC.

Also enclosed is a Certificate of Existence/Good Standing as issued by the Delaware Secretary of State.

We have enclosed our check in the amount of \$160.00 for payment of the fees. In addition, enclosed is a FedEx label for your convenience in returning the documents to our office.

If you have any questions, please contact me. Thank you for your assistance in this matter.

Regards,



Leslie Fowler  
Real Estate Paralegal  
(316) 631-1369

Enclosures

2019 OCT 29 PM 3:59

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BSREP II WS Hotel Expansion TRS Sub 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:

Leslie Fowler

Name of Person

Brookwood Hotels

Firm/Company

8621 E 21st Street North, Suite 230

Address

Wichita, KS 67206

City/State and Zip Code

lfowler@brookwoodhotels.com

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

For further information concerning this matter, please call:

Leslie Fowler

at ( 316 )

631-1369

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BSREP II WS Hotel Expansion TRS Sub LLC ✓

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1780987 ✓

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8621 E 21st Street North

(Street Address of Principal Office)

Suite 230

Wichita, KS 67206

6.

8621 E 21st Street North ✓

(Mailing Address)

Suite 230

Wichita, KS 67206

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

Name:

Corporation Service Company ✓

Office Address:

1201 Hays Street

Tallahassee

(City)

32301

(Zip code)

, Florida

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. ✓

Robert M. Melchiorre, Asst. VP

(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:**

☒ Manager Name: BSREP II WS Hotel Expansion ✓  
TR5 LLC  
☒ Member Address: 8621 E 21st Street North  
☐ Authorized Suite 230  
Person Wichita, KS 67206  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Laura Schoenberger ✓  
☐ Member Address: 8621 E 21st Street North  
☒ Authorized Suite 230  
Person Wichita, KS 67206  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Roy "Ziggy" Clayton ✓  
☐ Member Address: 10801 Monroe Rd  
☒ Authorized Suite B  
Person Matthews, NC 28105  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Ryan Willey ✓  
☐ Member Address: 1997 Annapolis Exchange Pkwy  
☒ Authorized Suite 550  
Person Annapolis, MD 21401  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

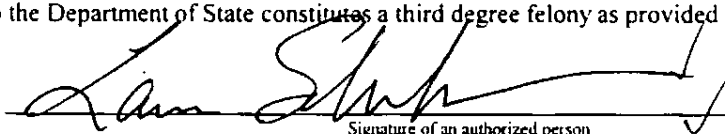
☐ Manager Name: Darien Wright  
☐ Member Address: 799 9th Street NW ✓  
☒ Authorized Suite 260  
Person Washington, DC 20001  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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.

  
Signature of an authorized person

Laura Schoenberger

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BSREP II WS HOTEL EXPANSION TRS SUB  
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 ELEVENTH DAY OF OCTOBER, A.D. 2019.


2019 OCT 29 PM 3:59



7199235 8300

SR# 20197506096

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203779192

Date: 10-11-19

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:

1. BSREP II WS Hotel Expansion TRS Sub LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-1780987  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8621 E 21st Street North  
(Street Address of Principal Office)

6. 8621 E 21st Street North  
(Mailing Address)

Suite 230

Suite 230

Wichita, KS 67206

Wichita, KS 67206

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

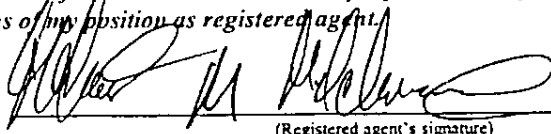
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

  
(Registered agent's signature)

Robert M. Melchiorre, Asst. VP

2019 OCT 29 PM 3:59

FILED

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**Title or Capacity:** **Name and Address:**

☒ Manager Name: BSREP II WS Hotel Expansion  
TRIS LLC

☒ Member Address: 8621 E 21st Street North  
Suite 230

☐ Authorized Person Wichita, KS 67206

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Laura Schoenberger

☐ Member Address: 8621 E 21st Street North  
Suite 230

☒ Authorized Person Wichita, KS 67206

☐ Other ☐ Other

☐ Manager Name: Roy "Ziggy" Clayton

☐ Member Address: 10801 Monroe Rd  
Suite B

☒ Authorized Person Matthews, NC 28105

☐ Other ☐ Other

☐ Manager Name: Ryan Willey

☐ Member Address: 1997 Annapolis Exchange Pkwy  
Suite 550

☒ Authorized Person Annapolis, MD 21401

☐ Other ☐ Other

☐ Manager Name: Darien Wright

☐ Member Address: 799 9th Street NW  
Suite 260

☒ Authorized Person Washington, DC 20001

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

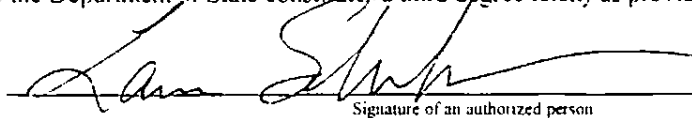
☐ Authorized Person

☐ Other ☐ Other

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Signature of an authorized person

Laura Schoenberger

Typed or printed name of signer



# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BSREP II WS HOTEL EXPANSION TRS SUB  
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 ELEVENTH DAY OF OCTOBER, A.D. 2019.

2019 OCT 29 PM 3:59



7199235 8300

SR# 20197506096

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock - Secretary of State" is printed.

Authentication: 203779192

Date: 10-11-19