

W19000094263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

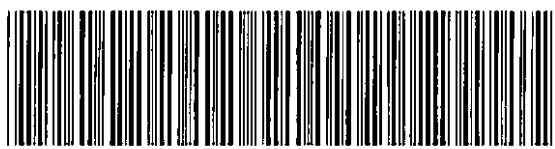
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Special Instructions to Filing Officer:

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Office Use Only



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2019 OCT 30 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 OCT 30 11 21 22

Y SCOTT
NOV 7 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2019

CSC

RESUBMIT
Please give original
submission date as file #

SUBJECT: PRIVE HOSPITALITY FTL LLC
Ref. Number: W19000096263

We have received your document for PRIVE HOSPITALITY FTL LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 019A00022503

19 NOV - 5 PM 14 33

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

ACCOUNT NO. : I20000000195

REFERENCE : 029015 7963599

AUTHORIZATION : *Sydney Coleman*

COST LIMIT : [\$ 130.00]

ORDER DATE : October 30, 2019

ORDER TIME : 11:53 AM

ORDER NO. : 029015-010

CUSTOMER NO: 7963599

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: PRIVE HOSPITALITY FTL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX _____ PLAIN STAMPED COPY

XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

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. PRIVE HOSPITALITY FTL 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. _____
(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. 2299 NE 164 ST
(Street Address of Principal Office)
NMB, FL 33160

6. 2299 NE 164 ST
(Mailing Address)
NMB, FL 33160

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TALLAHASSEE, FLORIDA

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.

By: Roxanne Turner
(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: Manager
Name and Address: Name: PRIVE HOSPITALITY
Address: MANAGEMENT LLC
2299 NE 164 ST
NMB, FL 33160
 Other _____ Other _____

Manager Name: MARIANO KARNER
 Member Address: _____
 Authorized 2299 NE 164 ST
Person NMB, FL 33160
 Other _____ Other _____

Manager Name: ADRIAN AIZENSTAT
 Member Address: _____
 Authorized 2299 NE 164 ST
Person NMB, FL 33160
 Other _____ Other _____

Title or Capacity: Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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CLERK OF STATE

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.

Adrian Aizenstat

Signature of an authorized person

ADRIAN AIZENSTAT

Typed or printed name of signee

Delaware

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIVE HOSPITALITY FTL 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 THIRTIETH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIVE HOSPITALITY FTL LLC" WAS FORMED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2019.

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

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DELAWARE




Jeffrey W. Bullock, Secretary of State

7679183 8300

SR# 20197810743

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

Authentication: 203897806

Date: 10-30-19

PRIVE HOSPITALITY FTL LLC

November 5, 2019

Florida Department of State
Division of Corporations
Division of Corporations Registration Section
PO Box 6327
Tallahassee, FL 32314

**RE: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida**

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TALLAHASSEE, FLORIDA

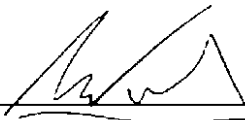
Please be advised that the undersigned is the manager and authorized representative of Prive Hospitality FTL LLC, a Delaware limited liability company (EIN 84-3531619). I would like to register the entity as a Foreign Limited Liability Company for authorization to transact business in Florida. I am the manager and authorized signature. Should you require additional information please feel free to contact me.

Very truly yours,

PRIVE HOSPITALITY FTL LLC, a Delaware limited liability company

By Its Manager: PRIVE HOSPITALITY MANAGEMENT LLC, a Florida limited liability company

By its Manager: PRIVE ASSET MANAGEMENT LLC, a Florida limited liability company

By:  _____

Printed Name: Mariano Karner

Title: Manager and Authorized Representative