

M19000011357

Division of Corporations

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**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**Foreign Limited Liability Company
JACKSONVILLE WSS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

***ORIGINAL SUBMISSION
WAS NOT REC'D. PLEASE
PROVIDE ORIGINAL DATE
OF 11/20/19***

NOV 27 2019

M. SOLOMON

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. JACKSONVILLE WSS 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. TEXAS

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

3. _____

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration;
(See sections 605.0903 & 601.0903, F.S., to determine penalty liability.)

10210 N. CENTRAL EXPRESSWAY

5. _____

(Street Address of Principal Office)

8350 N. CENTRAL EXPRESSWAY

6. _____

(Mailing Address)

SUITE 300

SUITE 1500

DALLAS, TEXAS 75231

DALLAS, TEXAS 75206

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

Name: _____

CAPITOL CORPORATE SERVICES, INC.

Office Address: _____

515 EAST PARK AVE., 2ND FLOOR

TALLAHASSEE

(City)

Florida

32301

(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.

Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.



(Registered agent's signature)

2019 NOV 20 PM 12:45

FILED

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Provident Hospitality Holdings WSS 1-7 LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>10210 N. Central Expressway, Suite 300</u> <u>Dallas, Texas 75231</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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, P.S.


JACKSONVILLE WSS LLC,
a Texas limited liability company

By: **Provident Hospitality Holdings WSS 1-7 LLC,**
a Delaware limited liability company,
its Managing Member

By: **Provident WSS 1-7 Partners LLC,**
a Texas limited liability company,
its Manager

By: **Provident WSS 1-7 Manager LLC,**
a Texas limited liability company,
its Manager

By: **PRA GP No. 2, Inc.,**
a Texas corporation,
its Manager

By: 
Julian Hawes, Jr., Vice President

2019 NOV 20 PM 12:45

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for JACKSONVILLE WSS LLC (file number 803400761), a Domestic Limited Liability Company (LLC), was filed in this office on August 21, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 12, 2019.



A handwritten signature of Ruth R. Hughs in black ink.

Ruth R. Hughs
Secretary of State