## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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Email Address:

Foreign Limited Liability Company JACKSONVILLE WSS LLC

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

CIN.

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

NOV 27 2019

M. SOLOMON

Help

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign	S LLC			
() G. ) <b>g</b>	Limited Liability Company; must include Li	mited Liability Compa	iny," "L.L.C.," or "LLC.")	
	·			· · · · · ·
neme unevalishte, enter sitemate n	amo adopted for the purpose of transacting business i	n Florida. The alternate re	ime must include "Limited Liability Company," "	LLL.C," or "LLC.")
TEXAS		3.		
(Jurisdiction under the few of w	nich Breign Hinfed Hability company is organized)	· <u> </u>	(Fbl number, if applicable)	
<del> </del>	(Date first transacted business in Florida, if grad (See sections 605,0906 & 605,0905, F.S. to de	pr to registration.) corrrino pensity liability)		
10210 N. CENTRAL	EXPRESSWAY		N. CENTRAL EXPRESSWAY	
(Street Address of	renaignal Office)	6:	(MaLing Address)	
SUITE 300		SUIT	E 1500	26.63
DALLAS, TEXAS 75	231	DALI	LAS, TEXAS 75206	NOV 2
	•			
Name and street address	s of Florida registered agent: (P.O. 1	Box <u>NOT</u> accepts	able)	
				25 B
	CAPITOL CORPORATE SERVICE	CES, INC.		## <b>5</b>
Name:			-	٠.
Name:	515 EAST PARK AVE., 2ND FLO	OOR		
Name: Office Address:	515 EAST PARK AVE., 2ND FLO	OR	<del>.</del>	
	TALLAHASSEE	OOR	32301	
		OOR	<del>.</del> 32301	
Office Address:	TALLAHASSEE (City)		, Florida (Zíp sode)	
Office Address: egistered agent's accepaing been named as resignated in this applica comply with the provis	TALLAHASSEE  (City)  stance:  sgistered agent and to accept service tion, I hereby accept the appointme lons of all statutes relative to the pro	of process for the nt as registered a oper and complete	, Florida (Zip oods)  e above stated limited liability compart and agree to act in this capac	city. I further agree
Office Address: egistered agent's accepaing been named as resignated in this applica comply with the provis	TALLAHASSEE  (Cly)  stance: gistered agent and to accept service tion. I hereby accept the appointment	of process for th nt as registered o oper and complete	, Florida (Zip oods)  e above stated limited liability compart and agree to act in this capac	city. I further agree

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:
☐Manager	Provident Hospitality Name: Holdings WSS 1-7-1-1-C	Manager Manager	Name:
XMember €	Address:	☐ Member	Address:
Authorized	10210 N. Central Expressivay, Suite 300	Authorized	
Person	Dalins, Texas 75231	Person	
Other	O(ther	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), Plorida 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.

# JACKSONVILLE WSS LLC, a Texas limited liability company

a rexas 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

ulian Huwes, Jr., Vice President

2011 HOY 20 PH 12: 45

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



Ruth R. Hughs Secretary of State

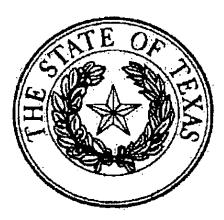
### Office of the Secretary of State

#### 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.



Ruth R. Hughs Secretary of State

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