

M20000001239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

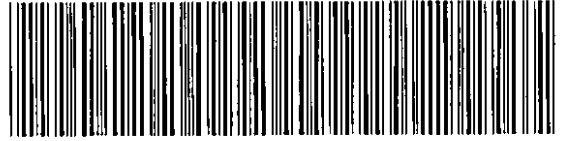
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

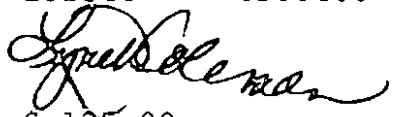


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2020 JAN 29 PM 1:50 20 JAN 29 PM 1:56

SBF
1/30/20

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

ACCOUNT NO. : I20000000195
REFERENCE : 152346 4300400
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : January 24, 2020
ORDER TIME : 2:0 PM
ORDER NO. : 152346-020
CUSTOMER NO: 4300400

FOREIGN FILINGS

NAME: BSREP II WS HOTEL TERM TRS SUB
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

2020 JAN 29 PM 1:50

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BSREP II WS HOTEL TERM 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:

Laura Schoenberger

Name of Person

Brookwood Hotels

Firm/Company

c/o Brookwood Hotels, 8621 E. 21st St. N., 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:

Laura Schoenberger

980

368.8123

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 JUN 29 PM 1:55

**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 TERM TRS SUB LLC

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

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

Delaware

2. _____
(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. c/o Brookwood Hotels
(Street Address of Principal Office)

6. c/o Brookwood Hotels
(Mailing Address)

8621 E. 21st St. N. Suite 230

8621 E. 21st St. N. 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)

2025 JUN 29 PM 1:50

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.

Kadesha Robinson
Asst. Vice President

(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: Darien Wright

☐ Member Address: c/o Brookwood Hotels

☐ Authorized 8621 E. 21st St. N. Suite 230

Wichita, KS 67206

 Person

☒ Other COO ☐ Other _____

☐ Manager Name: Amy Lancaster

☐ Member Address: c/o Brookwood Hotels

☐ Authorized 8621 E. 21st St. N. Suite 230

Wichita, KS 67206

 Person

☒ Other Sr. VP ☐ Other _____

☐ Manager Name: James Zysopoulos

☐ Member Address: c/o Brookwood Hotels

☐ Authorized 8621 E. 21st St. N. Suite 230

Wichita, KS 67206

 Person

☒ Other VP ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Roy (Ziggy) Clayton

☐ Member Address: c/o Brookwood Hotels

☐ Authorized 8621 E. 21st St. N. Suite 230

Wichita, KS 67206

 Person

☒ Other Sr. VP ☐ Other _____

☐ Manager Name: Laura Schoenberger

☐ Member Address: c/o Brookwood Hotels

☐ Authorized 8621 E. 21st St. N. Suite 230

Wichita, KS 67206

 Person

☒ Other Senior Counsel ☐ Other _____

☐ Manager Name: Ryan Willey

☐ Member Address: c/o Brookwood Hotels

☐ Authorized 8621 E. 21st St. N. Suite 230

Wichita, KS 67206


 Person

☒ Other Treasurer ☐ 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, Secretary

Typed or printed name of signee

2020
JUN 29
11:50

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 TERM 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BSREP II WS HOTEL TERM TRS SUB LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2020.

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

2020 JAN 29 PM 1:50




Jeffrey W. Bullock, Secretary of State

7805433 8300

SR# 20200549673

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

Authentication: 202256531

Date: 01-24-20