

M20000002705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

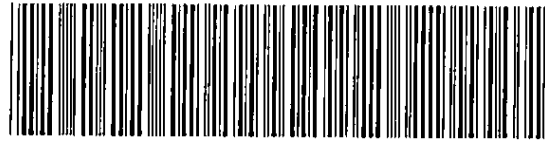
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 MAR -9 A 9:32

FILED

2021 MAR -9 PM 1:51

T. LEBREUX

MAR 10 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 205747 5041389

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : March 6, 2020

ORDER TIME : 11:26 AM

ORDER NO. : 205747-005

CUSTOMER NO: 5041389

FOREIGN FILINGS

NAME: CTH WAVE 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: \_\_\_\_\_

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. CTH Wave 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. 84-5020333  
(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. 5299 DTC Boulevard (Street Address of Principal Office)	6. 11777 San Vicente Boulevard (Mailing Address)
Suite 1260	Suite 900
Greenwood Village, CO 80111	Los Angeles, CA 90049

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

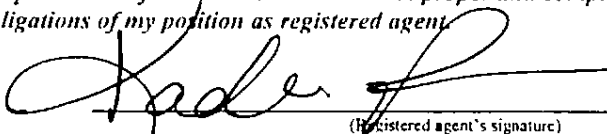
Name: Corporation Service Company

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)

Kadesha Roberson  
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:** **Name and Address:**  
☒ Manager Name: CoralTree Hospitality Group LLC  
☒ Member Address: 5299 DTC Boulevard  
☐ Authorized Suite 1260  
Person Greenwood Village, CO 80111  
☐ Other ☐ Other

☐ Manager Name: John M. DeMarco  
☐ Member Address: 11777 San Vicente Blvd.  
☐ Authorized Suite 900  
Person Los Angeles, CA 90049  
☒ Other SVP and Chief Legal Officer ☐ Other

☐ Manager Name: Vicki P. Tuchman  
☐ Member Address: 11777 San Vicente Blvd.  
☐ Authorized Suite 900  
Person Los Angeles, CA 90049  
☒ Other Secretary ☐ Other

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: Thomas P. Luersen  
☐ Member Address: 5299 DTC Boulevard  
☐ Authorized Suite 1260  
Person Greenwood Village, CO 80111  
☒ Other President ☐ Other

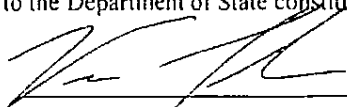
☐ Manager Name: Rebecca Wells  
☐ Member Address: 5299 DTC Boulevard  
☐ Authorized Suite 1260  
Person Greenwood Village, CO 80111  
☒ Other Vice President - Finance ☐ Other

☐ 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

Vicki P. Tuchman

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 "CTH WAVE 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 SECOND DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CTH WAVE LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2020.

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



7879079 8300

SR# 20201851071

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

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

Authentication: 202497234

Date: 03-02-20