Division of Corporations

Florida Dipartment of State 30/2 Hivisign of Corporation Electric Filter our Short

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000859923)))



H200000859923ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Po:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

| Emai | 1 Address: | |
|------|--|----------|
| 3 | Foreign Limited Liability Company TH Doral, LLC | |
| | Certificate of Status | 0 |
| - | Certified Copy | 1 |
| 2,1 | Page Count | 04 |
| | Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

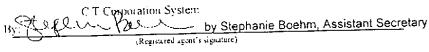
Help

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 TIMITED HABILITY COMPANY TO TRANSACT BUSINESS AND THE STATE OF FLORIDA TH Doral, LLC (Name of Foreign Limited Crabitity Company, must include "Limited Liability Company," L.C., or "L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business of Florida. The alternate name must include "Fainted 1 (ability Company," "L.L.C." (or "LLC.") (firesdiction under the law of which foreign finance hability carepany is organized) March 13, 2020 (Pite first transacted langues in Plonda, (Ppene to registration), (See sections 605-6904 & 605-0905, U.S. to determine penalty liability) 999 Waterside Dr., Suite 2300 999 Waterside Dr., Suite 2300 5. (Street Address of Principal Office) 6. (Matter Address) Norfolk, Virginia 23510 Norfolk, Virginia 23510 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.



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]:

| | Name and Addings | Title or Capacity: | Name and Address: | |
|--------------------|---|---------------------|--------------------------------|--|
| Title or Capacity: | Name and Address: Carla R. Stoner Name: | | NameT Richard Litton, Jr. | |
| □Member | Address: | | Address: | |
| ☑Authorized | 999 Waterside Dr., Suite 2300 | ∑ Authorized | 999 Waterside Dr., Stitle 2300 | |
| Person | Norfolk, VA 23510 | Person | Norfolk, VA 23510 | |
| Other | □ Other | [()ther | | |
| □Manager | Name:Saul Lubetski | Manager | Name:lordan E_Slone | |
| □Member | Address: | □Member | Address: | |
| □ Authorized | 24 West 40th St., 10th FL - State 1000 | ∑ Authorized | Norfolk, VA 23510 | |
| Person | New York, NY 10018 | Person | | |
| □Other | | | | |
| ∐Manager | Name: | Manager | 2020 F1 | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | Authorized | | |
| Person | | Person | · ;; | |
| □Other | Other | _Other | □ Other | |

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$ 817.155, F.S.

| 10 | |
|---------------------------------------|--|
| Signature of an authorized person | |
| T. Richard Litton, Jr. | |
| Typed or gratted name of signee | |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TH DORAL, 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 FOURTH DAY OF MARCH, A.D. 2020.

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



7883218 8300 SR# 20201902492 Authentication: 202512207

Date: 03-04-20