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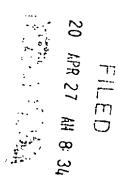
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	··
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
		USC 4/20/20

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COVER LETTER

BJECT: _	ESH Fort Myers Marina, LLC				
	Name of Limited Liability Company				
		Company for Authorization to Transact Busin- referenced foreign limited liability company to			
ase return a	all correspondence concerning this matter to	o the following:			
	Susan Wilgus				
		Name of Person			
	The Edwards Companies				
		Firm/Company			
	495 South High Street, #150				
		Address			
	Columbus, OH 43215				
	•	ity/State and Zip Code			
	swilgus@edwardscompanies.com	· '	20		
	E-mail address: (to be	used for future annual report notification)			
further inf	ormation concerning this matter, please cal	11:	27		
Susa	n Wilgus	614 241-2070	:		
	Name of Contact Person	at () Area Code Daytime Telepho			
	ing Address: istration Section	Street Address: Registration Section			
Divi	sion of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303)		

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:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternat	te name must include "Limited Li	ability Compa	ny," "ll	C." or "LLC
					•	
Ohio		3				
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to a (See sections 605,6904 & 605,6905, F.S. to determine	egistration.) ne penalty liability	yı			
495 South High Street						
treet Address of Principal Office)		6	(Mailing Address)			
Columbus, OH 43215						
						
					20	
. Name and <u>street addre</u> :	ss of Florida registered agent: (P.O. Box	NOT accep	itable)	· .	>~	
					AFR	····;
	Henry B. Handler, Esq.			- '	27	1
			<u> </u>			(1)
Name:					A	
Name:	2255 Clades Poud Suite 2184			٠	¢ΰ	
Name: Office Address:	2255 Glades Road, Suite 218A	_		e e		
				÷	3	
	Boca Raton		, Florida(Zip code)	12	34	

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.

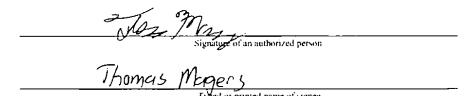
(Registered agent's signature)

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:	Title or Capacity:	Name and Address:	
■Manager	Name: ESH Fort Myers JV, LLC	□Manager	Name: Peter H. Edwards	
□Member	Address: 495 South High St. #150	□Member	Address: 495 South High St. #150	
□Authorized	Columbus, OH 43215	■Authorized	Columbus, OH 43215	
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name: Seth Mendelsohn	□Manager	Name: Charles Driscoll	
□Member	Address: 495 South High St. #150	□Member	Address: 495 South High St. #150	
■ Authorized	Columbus, OH 43215	■ Authorized	Columbus, OH 43215	
Person		Person		
□Other		□Other	ş · 2	
□Manager	Name: Thomas Magers	□Manager	Name: 27	
□Member	Address: 495 South High St. #150	□Member	Address:	
■Authorized	Columbus, OH 43215	□Authorized	- B: 34	
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. 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.



UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ESH FORT MYERS MARINA, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4458998, was organized within the State of Ohio on April 13, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of April, A.D. 2020.

L John

Ohio Secretary of State

Validation Number: 202010600300