| To: | Page 2 of 5                            | 2020-06-18 08:51:07 CST  | 19542080845     | From: R | anae M               | cGraw |
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|     | 6/18/2020                              | Division of Corporations<br>Francia Department of State<br>Division of Corporations<br>Division of Corporations<br>Division of Corporations<br>Division of Corporations  | 54              | 4       | 3                    |       |
|     |  | Note: Please print this page and use it as a cover sheet. Type the fax at (shown below) on the top and bottom of all pages of the docume   |                 |         |                      |       |
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|     | 7(-(.'-!\/I-L)<br>2020 JUH 18 PH12: 15 | To:<br>Division of Corporations<br>Fax Number : (850)617-6383<br>From:<br>Account Name : C T CORPORATION SYSTEM<br>Account Number : FCA000000023<br>Phone : (614)280-3338<br>Fax Number : (954)208-0845<br>**Enter the email address for this business entity to be used for<br>annual report mailings. Enter only one email address please<br>Email Address:<br>Foreign Limited Liability Company<br>Stockdale Hospitality, LLC<br>Certificate of Status 0<br>Certificate of Status 0<br>Certified Copy 1<br>Page Count 04<br>Estimated Charge \$155.00 |                 |         | 2429 JUN 18 AN 8: 37 | C 2 1 |
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|     |  | Electronic Filing Menu Corporate Filing Menu Ho  | elp             |         |                      |       |

## 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. Stockdale Hospitality, LLC

| (Name of Foreign Limited Liability) |  |  |  |
|-------------------------------------|--|--|--|
|                                     |  |  |  |
|                                     |  |  |  |
|                                     |  |  |  |

| Delaware  |  |                                 | 85-1471224                    |                           |  |  |
|---|--|---------------------------------|-------------------------------|---------------------------|--|--|
| (Junediction under the law of which foreign limited liability company is organized) |  | 3(FEI number, if appliestle)    |                               |                           |  |  |
|   |  |                                 |                               |                           |  |  |
|   | (Date first transacted business in Florida, if prior to to<br>(See soctions 605.0904 & 605.0905, F.S. to determine | rgistranea.)<br>e penalty habit | ity)                          |                           |  |  |
| 10850 Wilshire Blvd, S  |  | 108<br>6.                       | 150 Wilshire Blvd, Suite 1050 |                           |  |  |
| reet Address of Principal Office)   | ······································   |                                 | (Mailing Address)             |                           |  |  |
| Los Angeles, CA 9002  | 4  | Los Angeles, CA 90024           |                               |                           |  |  |
|   |  |                                 |                               | - 10 <b>22</b>            |  |  |
| Name and street addres  | s of Florida registered agent: (P.O. Box   | NOT acce                        | ptable)                       |                           |  |  |
| Name:   | C T Corporation System   |                                 |                               |                           |  |  |
| Office Address:   | 1200 South Pine Island Road  |                                 | _                             | မာ<br>မာ<br>မာ<br>ကို (၂) |  |  |
|   | Plantation   |                                 | 33324<br>Florida              |                           |  |  |
| (City)  |  |                                 | (Zip code)                    |                           |  |  |

Registered agent's acceptance:

By:

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, 1 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.

| 0 0                    |                |
|------------------------|----------------|
| C T Corporation System | Station laws - |

(Registered agent's signature)

Stephanie Boehm, Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/manugers or persons authorized to manage [up to six (6) total];

| Title or Capacity: | Name and Address:                   | <u>Title or Capacity:</u> | Name and Address:                     |                |
|--------------------|-------------------------------------|---------------------------|---------------------------------------|----------------|
| □Manager           | Name: Supphire Global Holdings, LLC | 🖸 Manager                 | Jade Global Holdings, LLC             |                |
| @Member            | Address:                            | Member                    | Address:                              |                |
| ⊡Authorized        | Los Angeles, CA <sup>1</sup> 90024  | Authorized                | Los Angeles, CA 90024                 |                |
| Person             |                                     | Person                    |                                       |                |
| ]Other             | 00ther                              | Other                     | ©Other                                |                |
| ⊡Manuger           | Steven Yari<br>Name:                | @Manager                  | Shawn Yari<br>Name:                   |                |
| Member             | Address:                            | □Member                   | Aildress:                             |                |
| DAuthorized        | Los Angeles, CA 90024               | □Authorized               | Los Angeles, CA 90024                 |                |
| Person             |                                     | Person                    | · · · · · · · · · · · · · · · · · · · |                |
| DOther             | Other                               | Other                     |                                       | ал<br>1на<br>2 |
|                    |                                     |                           |                                       |                |
| ⊡Manager           | Name:                               | Manager                   | Name: <u>CO</u>                       |                |
| OMember            | Address:                            | []] Member-               | Address:                              |                |
| DAuthorized        |                                     | Authorized                |                                       |                |
| Person             | <u> </u>                            | Person                    |                                       |                |
| Other              | ÜOther                              | 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 Departmento PSiale constitutes a third degree felony as provided for in s.817,155, F.S.

Signature of an authorized person

Dennis Harris, CFO

and the second strategies in the second strategies.

Typed to primed name of signee.



The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STOCKDALE HOSPITALITY, 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 SEVENTEENTH DAY OF JUNE, A.D. 2020.

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



ch. Successory of State

Authentication: 203128918 Date: 06-17-20

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SR# 20205760172 You may verify this certificate online at corp.delaware.gov/authver.shtml