

12/22/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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.****

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Foreign Limited Liability Company
CFH Miami Operations LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Corporate Filing Menu

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CFH Miami Operations 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. _____
(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. 137 National Plaza, Suite 300, Unit 306
(Street Address of Principal Office)

6. 137 National Plaza, Suite 300, Unit 306
(Mailing Address)

National Harbor, Maryland 20745

National Harbor, Maryland 20745

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
Kathryn A. Whitehouse, Asst. Secretary
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jeffrey Doane

☐ Member Address: 137 National Plaza

☐ Authorized Suite 300, Unit 306

Person National Harbor, MD 20745

Chief Commercial Officer,
North & Central America

☒ Other ☐ Other

☐ Manager Name: Heather McCrory

☐ Member Address: 155 Wellington Street West

☐ Authorized Suite 3300

Person Toronto, ON M5V 0C3

President

☒ Other ☐ Other

☐ Manager Name: J. Gregor Doman

☐ Member Address: 137 National Plaza

☐ Authorized Suite 300, Unit 306

Person National Harbor, MD 20745

Senior Vice President Development North and Central
America, Luxury Hotels Americas & Residence

☒ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Barbara Kilner

☐ Member Address: 155 Wellington Street West

☐ Authorized Suite 3300

Person Toronto, ON M5V 0C3

Senior Vice President, General Counsel,
North & Central America and Secretary

☒ Other ☐ Other

☐ Manager Name: Geraldine Wright

☐ Member Address: 155 Wellington Street West

☐ Authorized Suite 3300

Person Toronto, ON M5V 0C3

Chief Financial Officer, North &
Central America and Treasurer

☒ Other ☐ Other

☐ Manager Name: Christopher McAdam

☐ Member Address: 137 National Plaza

☐ Authorized Suite 300, Unit 306

Person National Harbor, MD 20745

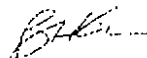
Vice President, Legal Counsel,
North & Central America

☒ 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

Barbara Kilner

Typed or printed name of signer

ATTACHMENT TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
OF
CFH MIAMI OPERATIONS LLC

Title or Capacity: Other - Assistant Treasurer

Name and Address:

Name: Guillaume Thibaut
Address: 155 Wellington Street West
Suite 3300
Toronto, ON M5V 0C3

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CFH MIAMI OPERATIONS 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-SECOND DAY OF DECEMBER, A.D. 2020.

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

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Jeffrey W. Bullock, Secretary of State

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