

M210000006341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

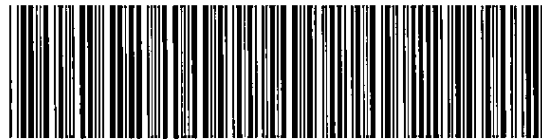
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MAY 25 2021
M. SOLOMON

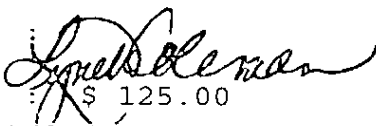
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 826409 4319723

AUTHORIZATION

COST LIMIT : \$ 125.00



ORDER DATE : May 21, 2021

ORDER TIME : 10:24 AM

ORDER NO. : 826409-010

CUSTOMER NO: 4319723

FOREIGN FILINGS

NAME: 8375 NAVARRE BEACH OPERATING,
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: Alexxis Weiland -- EXT# 61592

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. 8375 NAVARRE BEACH OPERATING, 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," "LLC," 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. C/O KSL CAPITAL PARTNERS, LLC
(Street Address of Principal Office)

6. C/O KSL CAPITAL PARTNERS, LLC
(Mailing Address)

100 SAINT PAUL STREET, SUITE 800

100 SAINT PAUL STREET, SUITE 800

DENVER, CO 80206

DENVER, CO 80206

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.

Corporation Service Company

By: Shanda E. Plummer
(Registered agent's signature)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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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):

| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|--|----------|-----------------------------------|--|---|----------|----------------------------------|--|
| <input type="checkbox"/> Manager | Name: | SELECT SERVICE OPERATING CO., LLC | | <input checked="" type="checkbox"/> Manager | Name: | CHARLIE MARTIN | |
| <input checked="" type="checkbox"/> Member | Address: | C/O KSL CAPITAL PARTNERS, LLC | | <input type="checkbox"/> Member | Address: | C/O KSL CAPITAL PARTNERS, LLC | |
| <input type="checkbox"/> Authorized | | 100 SAINT PAUL STREET, SUITE 800 | | <input type="checkbox"/> Authorized | | 100 SAINT PAUL STREET, SUITE 800 | |
| Person | | DENVER, CO 80206 | | Person | | DENVER, CO 80206 | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Manager | Name: | LeighAn M. Jaskiewicz | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | 1550 17TH ST STE 500 | | <input type="checkbox"/> Member | Address: | | |
| <input checked="" type="checkbox"/> Authorized | | DENVER, CO 80202 | | <input type="checkbox"/> Authorized | | | |
| Person | | | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Manager | Name: | | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized | | | | <input type="checkbox"/> Authorized | | | |
| Person | | | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |

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 SECRETARY OF STATE
 1111 AVENUE S.W., FLOOR 10
 TALLAHASSEE, FLORIDA 32310

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.

LeighAn M. Jaskiewicz
Digitally signed by LeighAn M. Jaskiewicz
 DN: CN = LeighAn M. Jaskiewicz, email = leighan.jaskiewicz@kslpartners.com C = US
 Date: 2021.05.21 14:15:44 -0500

Signature of an authorized person

LEIGHAN M. JASKIEWICZ, AUTHORIZED PERSON

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "8375 NAVARRE BEACH OPERATING, 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-FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "8375 NAVARRE BEACH OPERATING, LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5824982 8300

SR# 20212000557

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

Authentication: 203271735

Date: 05-24-21