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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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LLC

130 Sheriff Dr Hotel, LLC
(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**IAL
RUCTIONS:**

**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. 130 Sheriff Dr Hotel, 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. 130 Sheriff Dr.,
(Street Address of Principal Office)
Melbourne, FL 32940

6. 1150 Delaware St., Suite 102,
(Mailing Address)
Denver, CO 80204

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip code)

2021 JUN -1 AM 11:00
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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.

/s/ Brendan Wangel
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Gregory Wilson</u>
<input type="checkbox"/> Member	Address: <u>1150 Delaware St., Suite 102,</u>
<input type="checkbox"/> Authorized	<u>Denver, CO 80204</u>
Person	Title: <u>Director of Operations of Manager</u>
<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Peyton McNutt</u>
<input type="checkbox"/> Member	Address: <u>280 Park Avenue, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>New York, New York 10017</u>
Person	Title: <u>Managing Director of Manager</u>
<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: Jason Kaplan

☐ Member Address: 1150 Delaware St., Suite 102.

☐ Authorized Denver, CO 80204

Person Title: Director of Operations of Manager

☒ Other ☐ Other

<input type="checkbox"/> Manager	Name: <u>James Jordan</u>
<input type="checkbox"/> Member	Address: <u>280 Park Avenue, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>New York, New York 10017</u>
Person	Title: <u>Managing Director of Manager</u>
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: Anthony Loeffler

☐ Member Address: 1150 Delaware St., Suite 102.

☐ Authorized Denver, CO 80204

Person Title: Director of Operations of Manager

☒ Other ☐ Other

☐ Manager Name: Scott Mahoney

☐ Member Address: 1150 Delaware St., Suite 102.

☐ Authorized Denver, CO 80204


Person Title: Director of Operations of Manager

☒ 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

Gregory Wilson

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "130 SHERIFF DR HOTEL, 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 FIRST DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "130 SHERIFF DR HOTEL, LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2021.

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



5917793 8300

SR# 20212282450

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203331042

Date: 06-01-21