

MA1000011727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

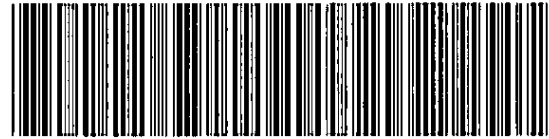
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 SEP -3 PM 1:11
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA




2021 SEP -3 AM 11:38

RECEIVED

TK
9/6/21

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

ACCOUNT NO. : I20000000195
REFERENCE : 986958 5041389
AUTHORIZATION : 
COST LIMIT : \$125.00

ORDER DATE : September 2, 2021
ORDER TIME : 8:46 AM
ORDER NO. : 986958-005
CUSTOMER NO: 5041389

FOREIGN FILINGS

NAME: CTH FL-CYRI 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. CTH FL-CYRI 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. 6955 Lake Nona Blvd.
(Street Address of Principal Office)

6. 11777 San Vicente Boulevard
(Mailing Address)

Orlando, FL 32827
Suite 900
Los Angeles, CA 90049

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

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: CoralTree Hospitality Group LLC
☒ Member Address: 5299 DTC Boulevard
☐ Authorized Suite 1260
Person Greenwood Village, CO 80111
☐ Other ☐ Other

☐ Manager Name: John M. DeMarco
☐ Member Address: 11777 San Vicente Blvd.
☐ Authorized Suite 900
Person Los Angeles, CA 90049
☒ Other SVP and Chief Legal Officer ☐ Other

☐ Manager Name: Vicki P. Tuchman
☐ Member Address: 11777 San Vicente Blvd.
☐ Authorized Suite 900
Person Los Angeles, CA 90049
☒ Other Secretary ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: Thomas P. Luersen
☐ Member Address: 5299 DTC Boulevard
☐ Authorized Suite 1260
Person Greenwood Village, CO 80111
☒ Other President ☐ Other

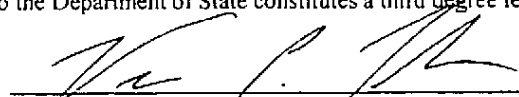
☐ Manager Name: Rebecca Wells
☐ Member Address: 5299 DTC Boulevard
☐ Authorized Suite 1260
Person Greenwood Village, CO 80111
☒ Other Senior Vice President - Finance ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ 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

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CTH FL-CYRI 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 SECOND DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CTH FL-CYRI LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

6181949 8300

SR# 20213156106

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

Authentication: 204074692

Date: 09-02-21