

M21000017372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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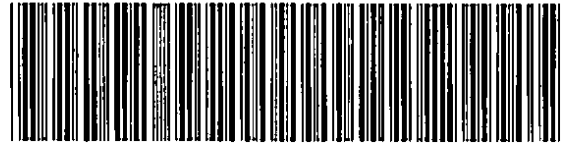
(Business Entity Name)

(Document Number)

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S. FRANKLIN

DEC 21 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sandpiper WSS Tampa, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following.

John D. Austin

Name of Person

Sandpiper Lodging OP, L.P.

Firm Company

7200 Glen Forest Drive, Suite 200

Address

Richmond, VA 23226

City/State and Zip Code

jaustin@sandpiper.us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John D. Austin

804

310-7364

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$25.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FL

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Sandpiper WSS Tampa, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC's")

(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's".)

2. Virginia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-3575637  
(FEI number, if applicable)

4. Anticipated 1/20/22  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.041 & 605.042, F.S., to determine penalty liability)

5. 7200 Glen Forest Drive, Suite 200  
(Street Address of Principal Office)

6. 7200 Glen Forest Drive, Suite 200  
(Mailing Address)

Richmond, VA 23226

Richmond, VA 23226

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

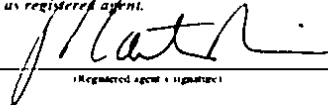
Name P. Carter Rice

Office Address: 631 Indian Harbor Road

Indian River Shores, Florida 32963  
(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.

  
(Registered agent's signature)

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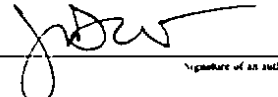
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                      | <u>Name and Address:</u>                 | <u>Title or Capacity:</u>           | <u>Name and Address:</u>       |
|------------------------------------------------|------------------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Manager    | Name: Sandpiper Lodging (LP, L.P.)       | <input type="checkbox"/> Manager    | Name: _____                    |
| <input checked="" type="checkbox"/> Member     | Address: 7200 Glen Forest Drive, Suite 2 | <input type="checkbox"/> Member     | Address: _____                 |
| <input type="checkbox"/> Authorized            | Richmond, VA 23226                       | <input type="checkbox"/> Authorized | _____                          |
| Person                                         | _____                                    | Person                              | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other           | <input type="checkbox"/> Other      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name: P. Carter Rise                     | <input type="checkbox"/> Manager    | Name: _____                    |
| <input type="checkbox"/> Member                | Address: 7200 Glen Forest Drive, Suite 2 | <input type="checkbox"/> Member     | Address: _____                 |
| <input checked="" type="checkbox"/> Authorized | Richmond, VA 23226                       | <input type="checkbox"/> Authorized | _____                          |
| Person                                         | _____                                    | Person                              | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other           | <input type="checkbox"/> Other      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager               | Name: John D. Austin                     | <input type="checkbox"/> Manager    | Name: _____                    |
| <input type="checkbox"/> Member                | Address: 7200 Glen Forest Drive, Suite 2 | <input type="checkbox"/> Member     | Address: _____                 |
| <input checked="" type="checkbox"/> Authorized | Richmond, VA 23226                       | <input type="checkbox"/> Authorized | _____                          |
| Person                                         | _____                                    | Person                              | _____                          |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Other           | <input type="checkbox"/> Other      | <input type="checkbox"/> 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 § 17.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person  
John D. Austin  
\_\_\_\_\_  
Typed or printed name of signer

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TALLAHASSEE, FL

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Sandpiper WSS Tampa, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on November 16, 2021; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 14, 2021

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

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