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| Special Instructions to | Filing Officer: | |
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Office Use Only



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S. ROBERTS JAN - 3 2022

COVER LETTER

Registration Section

TO:

| JECT: | Nam | e of Limited Liability Company | |
|------------|--|--|--|
| enclosed | | Company for Authorization to Transact Business in Florida," Certifi | |
| stence, an | d check are submitted to register the above | referenced foreign limited liability company to transact business in | |
| ise return | all correspondence concerning this matter t | o the following: | |
| | Sarah Naumann | | |
| | | Name of Person | |
| | Concord Hospitality | | |
| | | Firm/Company | |
| | 11410 Common Oaks Drive | | |
| | | Address | |
| | Rałeigh, NC 27614 | | |
| | C | ity/State and Zip Code | |
| | Legal.Department@concordhotels.co | om | |
| | E-mail address: (to be | used for future annual report notification) | |
| further in | formation concerning this matter, please cal | l: | |
| Sar | ah Naumann | 919 278-1551 at () | |
| | Name of Contact Person | Area Code Daytime Telephone Number | |
| | ing Address: | Street Address: | |
| _ | istration Section | Registration Section | |
| | ision of Corporations . Box 6327 | Division of Corporations The Centre of Tallahassee | |
| | ahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | |
| | | Tallahassee, FL 32303 | |
| | osed is a check for the following amount: | | |
| | ie make check payable to: FLORIDA DEP 125.00 Filing Fee | | |
| | 125.00 Filing Fee | | |

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

IN COMPLIANCE WITH SECTION 605 6902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | same adopted for the purpose of transacting business in Florida | The alternate name must include "Limit | ted Liability Company," "L.L.C," or | "LLC.") |
|---|--|--|-------------------------------------|------------|
| NC 2. (Jurisdiction under the law of w | hich foreign limited liability company is organized) | 3(FEI) | number, if applicable) | - |
| 4 | (Date first transacted business in Florida, if prior to regist (See sections 605 0904 & 605 0905, F.S. to determine pe | ration) nalty liability) | | |
| 11410 Common Oak 5. Street Address of Principal Office) | s Drive | same | | _ |
| Raleigh, NC 27614 | | · | 202 35 | _ |
| | | | Z JAN | #1277 d |
| . Name and street addres | s of Florida registered agent: (P.O. Box <u>NC</u> | <u>)T</u> acceptable) | -3 AMI | 2 mag 1 |
| Name: | Corporation Service Company | | AMII:48 | Ti-sage |
| Office Address: | 1201 Hays Street | | | |
| | Tallahassee | 32301 . 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.

Corporation Service Company

By: Clexis Weighd, assistant va president

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: Title or Capacity: Name and Address: Julie Richter Name: Jared J. Garner ■ Manager □Manager 11410 Common Oaks Drive Address: 11410 Common Oaks Drive □Member □Member Raleigh, NC 27614 Raleigh, NC 27614 ☐ Authorized Authorized Person Person □Other____ □Other____ Other____ □Other____ □ Manager Name: _____ □ Manager Name: _____ Address: □Member □Member Address: ☐ Authorized ☐ Authorized Person Person □Other_____ ☐ Other Other Other____ □Manager Name: □ Manager Name: □Member Address: ___ □Member Address: □ Authorized ☐ Authorized Person Person Other □ Other □Other____ □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Julia 1 Nicktur Signature of an authorized person

Typed or printed name of signee

Julie Richter



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CP PB LAKES LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 28th day of December, 2021

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official scal at the City of Raleigh, this 29th day of December, 2021.

6 laine J. Marshall

Secretary of State