M22000003720

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(8u	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000392167910

08/05/22--01005--003 ++25.00

FILED

2022 AUG -5 AM 9: 27

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

	gistration Section vision of Corporations			, , ,
SUBJECT	Noble House Marquesa, LLC			
	Name of Forcig	n Limited Lia	bility Com	pany
Dear Sir o	r Madam:			
The enclos	sed application, certificate and fee(s)	are submitted	for filing.	
Please retu	irn all correspondence concerning th	is matter to th	e following	;;
Audra Fost	er		_	
	Name of Person			
Noble Hou	se Hotels & Resorts			
	Firm/Company			
600 6th Str	eet South			
	Address			
Kirkland, V	VA 98033			
	City/State and Zip Cod	e	_	
	oblehousehotels.com	_		
E-mail	address: (to be used for future annua	l report notific	cation)	
For furthe	r information concerning this matter.	, please call:		
Audra Fost	ter	425 at (636-566	54
	Name of Person	Area Co	de & Daytii	ne Telephone Number
Re D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Division The Cen 2415 N.	dress: tion Section of Corporations are of Tallahassee Monroe Street, Suite 810 asee, FL 32303
E ≣\$25 Fil	nclosed is a check for the following ing Fee	amount: □ \$55 Filin Certified	-	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

門に氏り

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of	
State: Noble House Marquesa, LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address	onos aug
2. The Florida document number of this limited liability company is: M22000003720	NG -5
3. Jurisdiction of its organization: Delaware Delaware	H
4. Date authorized to do business in Florida: 02/22/2022	9: 21 2:1
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company:	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	ne
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida Street Address	
, Florida	
City Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we 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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limit liability company has been notified in writing of this change.	H

itle/ Capacity	<u>Name</u>	Address	Type of Action
ther:VP	James P. Colce	600 6th Street South	= Add
		Kirkland, WA 98033	□Remo
		-	□Add
			□Remo
- 			□Add
			□Remo
			□Add
			□Remo
aforementio	under the law of which this entity is o	d by the official having custody of records in th	□Remo

Filing Fee: \$25.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT

COPIES OF ALL DOCUMENTS ON FILE OF "NOBLE HOUSE MARQUESA, LLC"

AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2022, AT 1:44 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "NOBLE HOUSE MARQUESA,

LLC".



Authentication: 203899642

Date: 07-12-22

6590010 8100H SR# 20222954488 State of Delaware
Secretary of State
Division of Corporations
Delivered 01:44 PM 01/25/2022
FILED 01:44 PM 01/25/2022
SR 20220241719 - File Number 6590010

STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1.	The name of the limited liability	ty company is Noble House Marque	sa, LLC
2. locat	The Registered Office of the li- ed at 919 North Market Street, Suite	mited liability company in the State	e of Delaware is (street),
in the	City of Wilmington	, Zip Code 19801	. The
liabil 	lity company may be served is Ir	By: Authorized Person	on.
		Name: Melissa Garred Print or Type	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NOBLE HOUSE MARQUESA, 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 TWELFTH DAY OF JULY, A.D. 2022.



Authentication: 203899636

Date: 07-12-22