

3/15/22, 10:43 AM

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 15 AM 11:32
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Foreign Limited Liability Company
Island Hospitality Management X LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

2022 MAR 30 PM 2:06

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

MAR 31 2022

**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. ISLAND HOSPITALITY MANAGEMENT X 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.")

DELAWARE

88-1082318

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

3. (FCL 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. (Street Address of Principal Office)
222 LAKEVIEW AVENUE, SUITE 200

6. (Mailing Address)
222 LAKEVIEW AVENUE, SUITE 200

WEST PALM BEACH, FL 33401

WEST PALM BEACH, FL 33401

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

C T Corporation System
By: Kaitlyn Toon, Asst Sec
(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>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Island Hospitality Joint Venture LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 222 Lakeview Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Suite 200 West Palm Beach, FL 33401	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized 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 s.817.155, F.S.



Signature of an authorized person

Michelle Marlowe

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ISLAND HOSPITALITY MANAGEMENT X 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 TENTH DAY OF MARCH, A.D. 2022.

6657998 8300

SR# 20220960361

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



A handwritten signature of Jeffrey W. Bullock in black ink, followed by a horizontal line and the text "Jeffrey W. Bullock, Secretary of State".

Authentication: 202885008

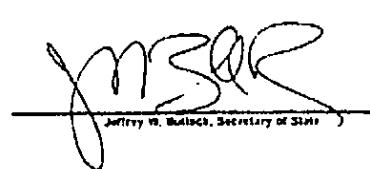
Date: 03-10-22

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF 'ISLAND HOSPITALITY
MANAGEMENT X LLC', FILED IN THIS OFFICE ON THE SEVENTH DAY OF
MARCH, A.D. 2022, AT 3:18 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6557998 8100
SR# 20220905885



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Authentication: 202851296
Date: 03-08-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:18 PM 03/07/2022
FILED 03:18 PM 03/07/2022
SR 20220905885 - File Number 6657998

CERTIFICATE OF FORMATION

OF

ISLAND HOSPITALITY MANAGEMENT X LLC

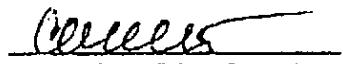
The undersigned hereby executes this Certificate of Formation of ISLAND HOSPITALITY MANAGEMENT X LLC (the "Company"), for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act (6 Del. Code Ann. §18-101, et seq.)

1. The name of the Company is:

ISLAND HOSPITALITY MANAGEMENT X LLC

2. The address of the registered office of the Company in the State of Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle, State of Delaware 19801. Its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned, an authorized person of the Company, has caused this Certificate of Formation to be duly executed as of the 7th day of March 2022.


Celeste H. White, Organizer