

M22000005460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

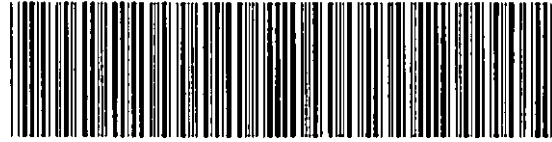
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. FRANKLIN

APR 11 2022

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE April 8, 2022

**\*\*WALK IN\*\***

ENTITY NAME AWH GROVE HOTEL PARCEL OWNER, L.L.C.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

\_\_\_\_\_  
\_\_\_\_\_  
x  
\_\_\_\_\_  
\_\_\_\_\_

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

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**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certified Copy of Arts & Amendments*  
*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*  
*Certificate of Status*  
*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 155

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Heyward*

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AWH GROVE HOTEL PARCEL OWNER, 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:

Amy Allen  
Name of Person  
United Corporate Services, Inc.  
Firm/Company  
100 State Street  
Address  
Albany, NY 10606  
City/State and Zip Code  
registeredagent@unitedcorporate.com  
E-mail address: (to be used for future annual report notification)

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1118 607

For further information concerning this matter, please call:

Name of Contact Person at (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**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. AWH GROVE HOTEL PARCEL OWNER, 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. 88-1466216 (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. 1040 Avenue Of The Americas (Street Address of Principal Office)
Floor 9
New York, NY 10018
6. 1040 Avenue Of The Americas (Mailing Address)
Floor 9
New York, NY 10018

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

Name: United Corporate Services, Inc.
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

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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.

/s/Michael A Barr, President
(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]:

**Title or Capacity:**  Manager Name: Chad Cooley  
 Member Address: 1040 Avenue Of The Americas  
 Authorized Floor 9  
 Person New York, NY 10018  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager Name: Russell Flicker  
 Member Address: 1040 Avenue Of The Americas  
 Authorized Floor 9  
 Person New York, NY 10018  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Jonathan Rosenfeld  
 Member Address: 1040 Avenue Of The Americas  
 Authorized Floor 9  
 Person New York, NY 10018  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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**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.

/s/ Chad Cooley  
 Signature of an authorized person

Chad Cooley  
 Typed or printed name of signee

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AWH GROVE HOTEL PARCEL OWNER, 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 EIGHTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AWH GROVE HOTEL PARCEL OWNER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2022.

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

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2022 MAR 18



  
Jeffrey W. Bullock, Secretary of State

6694894 8300

SR# 20221364032

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203129401

Date: 04-08-22