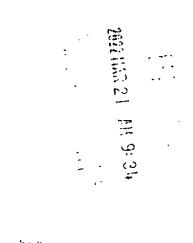
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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| D  | ate:                          | 04/21/2022                               |       |
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|  | •                             | Acc#I20160000072                         | a: DW |
| Name:  | Lakeview Ho                   | ospitality Investments, I                | LC    |
| Document #:  |                               |  |       |
| Order #:   | 14285265                      |  |       |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification: |                               | Country of Destination: Number of Certs: |       |
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| Availability<br>Document<br>Examiner<br>Updater<br>Verifier<br>W.P. Verifier<br>Ref#   | Amount: \$                    | 125.00<br>Thank you!                     |       |

## 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LAKEVIEW HOSPITA                                      | ALITY INVESTMENTS, LLC   |                     |  |                     |              |            |
|---|--|---------------------|--|---------------------|--------------|------------|
| (Name of Foreign                                      | Limited Liability Company, must include "Limited   | Liability           | Company," "L.L.C.," or "LLC.")               |                     |              |            |
| (If name unavailable, enter alternate n               | ame adopted for the purpose of transacting business in Flo   | orida. The          | alternate name must include "Limited Liabili | ty Company," "L L.C | or "LL       | .C.")      |
| Delaware  |  | 2                   | 88-1343152                                   |                     |              |            |
| 2. (Jurisdiction under the law of w                   | nich foreign limited liability company is organized)   | 3.                  | (FEI number, i                               | f applicable)       |              |            |
| 4.  | (Date first transacted business in Florida, if prior to r  | registration        | )  | _                   |              |            |
|   | (Date first transacted business in Florida, if prior to re<br>(See sections 605.0904 & 605.0905, F.S. to determine   | ne penalty          | liability)                                   |                     |              |            |
| 3310 Mary Street #302                                 |  | 6.                  | 3109 Grand Avenue, #349                      |                     |              |            |
| (Street Address of Principal Office)                  |  | 0.                  | (Mailing Address)                            |                     |              |            |
| Coconut Grove, FL 33                                  | 133  |                     | Coconut Grove, FL 33133                      |                     |              |            |
|   | ·  |                     |  |                     |              |            |
| 7. Name and street address  Name:                     | s of Florida registered agent: (P.O. Box<br>NRAI Services, Inc.  | NOT :               | acceptable)                                  |                     | 2022 HAR 2 I | ; . •<br>J |
| Office Address:                                       | 1200 South Pine Island Road  |                     |  | ,                   | 5 114        |            |
|   | Plantation   |                     | 33324<br>, Florida                           |                     | ):<br>3[     | •          |
|   | (City)   |                     | (Zip code)                                   |                     |              |            |
| designated in this applica to comply with the provisi | tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent. NRAI Services, Inc. By: /s/ Kathryn A. Widdoes, Asst. Sec | s regista<br>and co | ered agent and agree to act in t             | this capacity.  I   | furthe       | er agree   |

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: \_\_\_\_ Lakeview Holdings Member, Name: \_\_\_\_\_ □Manager ■ Manager Address: LLC □ Member Address: \_\_\_\_\_\_ □Member 3109 Grand Avenue, #349 □ Authorized □ Authorized Coconut Grove, FL 33133 Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other □Other Name: \_\_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager □Member Address: \_\_\_\_\_\_ Address: \_\_\_\_\_ □Member ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_ □Other\_\_\_\_ Other\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager Address: \_\_\_\_\_\_ □Member Address: \_\_\_\_\_\_\_\_\_ □Member □ 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. Em Baremer Erin E. Bohannon, Authorized Person

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LAKEVIEW HOSPITALITY INVESTMENTS, 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 TWENTY-FIRST DAY OF APRIL, A.D. 2022.

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

Authentication: 203235461

Date: 04-21-22