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MAY 19 2022 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 693567 4325394

AUTHORIZATION : Spelled man

COST LIMIT : \$,'1\2.5\.00

ORDER DATE: May 18, 2022

ORDER TIME : 8:23 AM

ORDER NO. : 693567-010

CUSTOMER NO: 4325394

FOREIGN FILINGS

NAME: SUMMIT HOTEL TRS 185, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

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 ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Summit Hotel TR	S 185, LLC Limited Liability Company; must include "Limited Liab	alling Company 227 T. C. 7 or 41 T. 7	
(Name of Foleign	Danned Liability Company, must include Limited Liab	only company, E.L.C., or LEC.	,
name manufable enter afromate	name adopted for the purpose of transacting business in Florida. The	La alamana a a a a a a a a a a a a a a a a a	435-7
mine min valuebre, cinci anciente i	same suspect sor the purpose of transmitting outsidess in Farmas. It	re sucrosse came mast memore. Limited Lis	outry company, Etc., or Ecc.
Delaware		3. 88-2367249	
(Juristiction under the law of w	hich foreign limited liability company is organized)	(FEI num	ber, if applicable)
	(Date first transacted business in Florida, if prior to registra	tion)	
	(See sections 603.0904 & 605.0905, F.S. to determine pen	nty imbility)	
13215 Bee Cave	Pkwy, Suite B-300	6. 13215 Bee Cave Pk	wy, Suite B-300
(Street Address of		(Mailing Add	
(Street Address of	Principal Office)	(Mailing Add	
(Street Address of	Principal Office)		
(Street Address of	Principal Office)	(Mailing Add	
(Street Address of	Principal Office)	(Mailing Add	iress)
(Street Address of Austin, TX 78738	Principal Office)	Austin, TX 78738	iress)
Austin, TX 78738	Principal Office)	Austin, TX 78738	iress)
Austin, TX 78738	Principal Office)	Austin, TX 78738	ress)
Austin, TX 78738	Principal Office)	Austin, TX 78738	(FESS)
Austin, TX 78738	Sign of Florida registered agent: (P.O. Box <u>NO</u>	Austin, TX 78738	(FESS.)
(Street Address of Austin, TX 78738	Sign of Florida registered agent: (P.O. Box <u>NO</u>	Austin, TX 78738	
Austin, TX 78738 Name and street address Name:	Se of Florida registered agent: (P.O. Box NO) Corporation Service Company 1201 Hays Street	Austin, TX 78738	(424 HAT 19 PM 3:

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.

Allexais Weiter assistant ve account

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: Title or Capacity: Name and Address: Title or Capacity: Name: Jonathan Stanner Name: Christopher Eng Manager ■ Manager Member Address: Member Address: _____ 13215 Bee Cave Pkwy, Suite B-300 13215 Bee Cave Pkwy, Suite B-300 Authorized Authorized Austin, TX 78738 Austin, TX 78738 Person Person ⊠_{Other} Secretary ⊠_{Other} President Other_ Other___ Name: _____ Manager Name: Member Address: ☐ Member Address: _____ Authorized Authorized Person Person Other____ Other____ Other Other Manager ■ Manager

<u>Important Notice</u>: 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.

Member

☐ Authorized

Person

Other

Address:

Other

Address: _____

Other

Member

Authorized

Person

Other

- 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.

Signayofe of an authorized person

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "SUMMIT HOTEL TRS 185, 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 EIGHTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMIT HOTEL TRS 185, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2022.

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

Jeffrey W. Buflock, Secretary of State

Authentication: 203468927