State 8 8 3 6 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000198346 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

Foreign Limited Liability Company Virgin Hotels Miami Brickell, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,55.00

S. ROBERTS JUN 0 7 2022

COVER LETTER

ern recyr.	Virgin Hotels Miami Brickell, LLC					
SUBJECT: .	Name of Limited Liability Company					
The enclosed Existence, and	"Application by Foreign Limited Liability of check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid				
Please return :	all correspondence concerning this matter to	o the following:				
	Lisa Polanski					
		Name of Person				
	VGC LLP					
		Firm/Company				
	952 School Street #101					
		Address				
	Napa, CA 94559					
		ity/State and Zip Code				
	lpolanski@vgcllp.com					
	E-mail address: (to be	used for future annual report notification)				
For further in	formation concerning this matter, please ca	II:				
Lisa Polanski		760 696-3173				
	Name of Contact Person	Area Code Daytime Telephone Number				
	ling Address:	Street Address:				
	histration Section	Registration Section Division of Corporations				
	rision of Corporations D. Box 6327	The Centre of Tallahassee				
	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DES 125.00 Filing Fee	e & 📝 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VIRGIN HOTELS MIAMI BRICKELL, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name unust include "Limited Liability Company," "LLC," or "LLC.") DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty fiability) 3390 Mary Street 3390 Mary Street (Mailing Address) (Street Address of Principal Office) Miami, FL 33133 Miami, FL 33133 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxabatchee , Florida

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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(Registered agent's signature

Other___

□Other___

Title or Capacity:	Name and Address:	Title or Capaci	tv:	Name and Address
□Manager	Name: C. Harris White	□Manager	Name:	
□Member	Address: 3390 Mary Street	□Member	Address: _	
■ Authorized	Miami, FL 33133	□Authorized		
Person		Person		
□Other	Other	□Other	_	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□Authorized	··	
Person		Person		
□Other	Other	□Other		□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: _	
□Authorized		□Authorized		
Person		Person		

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.

□Other____

□ 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.

/s/ C. Harris White		
	Signature of an authorized person	_
C. Harris White		
	Timed to printed name of slaves	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "VIRGIN HOTELS MIAMI BRICKELL, 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 SEVENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIRGIN HOTELS MIAMI BRICKELL, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2017.

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

at corp.delaware.gov/auth

Authentication: 203613746

Date: 06-07-22