W23000010828

(Re	equestor's Name)
	(decay)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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S. FRANKLIN JUL **1 3 2022**

COVER LETTER

Registration Section Division of Corporations

TO:

	Name	e of Limited Liability Company		
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busin		
ease return al	l correspondence concerning this matter to	o the following:		
	Ana Dorame			
		Name of Person		
	Braintree Group, LLC			
	Firm/Company			
	918 W. Idaho Street			
	Address			
	Boise, Idaho 83702		21	
	C	City/State and Zip Code	377.	
	adorame@btree-group.com		7822 July	
	E-mail address: (to be	e used for future annual report notification)	, y	
r further info	rmation concerning this matter, please ca	11:	PH	
Ana D	Oorame	208 519-4042 :	PH 7: 05	
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please	sed is a check for the following amount: make check payable to: FLORIDA DEF 25.00 Filing Fee	re & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee,		

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Highway One Jupiter I	lotel, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC ")		
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orda. The alternate name must include "Limited Liability	Company," "L.E.C," or "LLC,")	
Delaware		3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, (Yapplicable)		
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) se penalty liability)	-	
918 W. Idaho Street, Boise, 1D 83702		918 W. Idaho St., Boise, ID 83702		
treet Address of Principal Office)		6. (Mailing Address)		
				
			2022 (11)	
				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT apportable)	1	
ivanie and <u>street addre</u> s	ss of Florida registered agent. (F.O. Box	NOT acceptable)	C/I	
	CT Cumparation Southern		PH	
Name:	CT Corporation System		1	
	1200 South Pine Island Road		- 05	
Office Address:				
	Plantation	33324		
	(City)	, Florida(Zin code)	-	

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.



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:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Hotel Properties, LLC	Manager	Name:	
■Member	Address: 918 W. Idaho Street	□Member	Address: 918 W. Idaho Street	
□Authorized	Boise, ID 83702	□Authorized	Boise, ID 83702	
Person		Person		
□Other	Other	□Other	Other	
Manager	Name: Ryan Van Alfen	□Manager	Name:	
✓ Member	Address: 918 W. Idaho Street	□Member	Address:	
□Authorized	Boise. ID 83702	□Authorized		
Person		Person		
Other	□Other	□Other	Other	
			5	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□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.

Toson Kotto



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

DELAWARE, DO HEREBY CERTIFY THAT "HIGHWAY ONE JUPITER HOTEL, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED

OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF MARCH,

A.D. 2021, AT 3:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY S

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.



Authentication: 204883255

Date: 12-06-21

5556596 8315 SR# 20213978285



June 18, 2022

ANA DORAME 918 W IDAHO STREET BOISE, ID 83702 US

SUBJECT: HIGHWAY ONE JUPITER HOTEL, LLC

Ref. Number: W22000082932

We have received your document for HIGHWAY ONE JUPITER HOTEL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

TO THE STATE OF TH

Letter Number: 822A00013723