M220000 1377/

(Re	equestor's Name)	
(Ac	ddress)	
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(Ac	idress)	
(Cr	ty/State/Zip/Phone #)	· <u></u>
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to Fil	ling Officer:	
	<u>-</u>	





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2022 SEP -2 PM 3: 24

2022 SEP -2 MM II: 47

K Brumbisy

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : I2000000195	
	REFERENCE : 921863 50413	89
	AUTHORIZATION: Livelle Man)
	COST LIMIT : \$125.00	
ORDER DATE :	September 1, 2022	
ORDER TIME :	2:06 PM	
ORDER NO. :	921863-005	
CUSTOMER NO:	5041389	
	FOREIGN FILINGS	
NAME:	CORALTREE HOSPITALITY GROUP LLC	

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: ____

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida, The alte	rmate name must include "Limited Li-	ability Company," "L.L.C," or "l	.,LC.")
California 2.		3 5	95-4205478		
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, il'applicable)		
March 28, 2022					
7.	(Date first transacted business in Florida, it prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration) nine penalty lial	odity)		
5299 DTC Bouleva	rd	. 1	1777 San Vicente Boule	vard	
(Street Address of Principal Office)		0	(Mailing Address)		•
#1260		S	uite 900		
Greenwood Village,	CO 80111	Lo	os Angeles, CA 90049	- 2	
7. Name and street addre	ess of Florida registered agent: (P.O. Bo	x <u>NOT</u> acc	ceptable)	22 SEP -2 EURL 1433 N.1 ABB 555	
Name:	Corporation Service Company			A A	Be ²
Office Address:	1201 Hays Street		·		<u></u>
	Tallahassee		32301 , Florida		
	(City)		(Zip code)		
designated in this applicate comply with the provis	ptance: egistered agent and to accept service of ation, I hereby accept the appointment of tions of all statutes relative to the prope as of my position as registered agent. Corporation Service Company	is registere	d agent and agree to act it	n this capacity. I furth	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]:

l'itle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Lowe Hospitality Group, Inc.	□Manager	Name: Thomas P. Luersen
≣ Member	Address:	□Member	Address: 5299 DTC Blvd.
□Authorized	Suite 900	□Authorized	#1260
Person	Los Angeles, CA 90049	Person	Greenwood Village, CO 80111
□Other	□Other	President President	Other
□Manager	Name:	□Manager	Vicki P. Tuchman
	5299 DTC Blvd.	□Member	Address:11777 San Vicente Blvd.
□Authorized	#1260	□Authorized	Suite 900
Person	Greenwood Village, CO 80111	Person	Los Angeles, CA 90049
	nce Other	■Other_Asst. Secr	etary Other
□Manager	Name: Robert J. Lowe, Jr.	□Manager	Name: Michael H. Lowe
□Member	Address:	⊡Member	Address:
□Authorized	Suite 900	□Authorized	Suite 900
Person	Los Angeles, CA 90049	Person	Los Angeles, CA 90049
Co-Chairn	nan Other	Co-Chairn	nan 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.

Signature of an authorized person

Vicki P. Tuchman

Typed or printed name of signee



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

CORALTREE HOSPITALITY GROUP LLC

Entity No.:

201602010046

Registration Date:

02/24/1989

Entity Type:

Limited Liability Company - CA

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 02, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 042238529

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.