

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.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

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

Email Address: Office@eflatinaccounting.com

**Foreign Limited Liability Company
SMART STAY LLC**

Certificate of Status	1
Certified Copy	0
Page Count	09
Estimated Charge	\$130.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMART STAY LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP LLC

Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO FIGUEROA

954

384 8565

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:

1. SMART STAY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 92-0665685
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/09/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. <u>227 NW 2ND ST</u> (Street Address of Principal Office)	6. <u>227 NW 2ND ST</u> (Mailing Address)
<u>UNIT 1800</u>	<u>UNIT 1800</u>
<u>MIAMI, FL 33132</u>	<u>MIAMI, FL 33132</u>

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

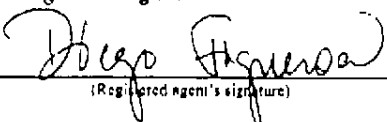
Name: E & F LATIN GROUP, LLC

Office Address: 1820 N CORPORATE LAKES BLVD SUITE 109

WESTON, Florida 33326
(City) (Zip 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.


(Registered agent's signature)

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: EVELYN PAOLA RIOS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 227 NW 2ND ST	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	UNIT 1800	<input type="checkbox"/> Authorized	_____
Person	MIAMI, FL 33132	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Evelyn Rios

Signature of an authorized person

MEMBER

Evelyn Rios Arieta

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SMART STAY 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 TENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMART STAY LLC"
WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2022.

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



7077417 8300

SR# 20230461232

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202686740

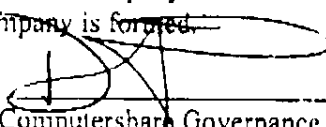
Date: 02-10-23

Written Consent of Authorized Person
Naming the Manager(s) for
SMART STAY LLC

The organizer will have no operational control or authority other than to sign the formation filing pursuant to Delaware statute. Any rights shall terminate upon the completion of the limited role for which the organizer was authorized. The undersigned hereby elects the following person(s) to serve as the Manager(s) for this Delaware limited liability company:

Alejandro Dussan Pitre
Maritza Theran Diaz
Alejandro Dussan Theran
Cristian David Dussan Theran

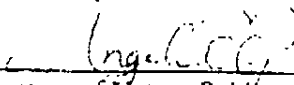
The Manager(s) shall complete the organization of the limited liability company by appointing officers, issuing units (ownership interests), opening bank accounts and taking all other actions necessary for the organization of the company. This written consent is intended to be part of the documents under which the company is formed.


Computershare Governance Services Inc.
d/b/a Corporate Creations

Date: 10/17/2022

STATE OF Florida
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 17th day of October 2022 by the above named signatory, who is personally known to me or who produced a drivers license or passport as identification and who did take an oath.


Signature of Notary Public

Notary Public Seal:

