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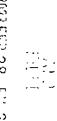
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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### St. Thomas Hospitality, LLC

3785 NW 82™ Avenue, #204 Miami, FL 33166

February 23, 2023

#### \*VIA FedEx Overnight Service Tracking No. 771389444851

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

Re: St. Thomas Hospitality, LLC

FEIN: 66-10299398

Application for Foreign LLC For Authorization to Transact Business in FL

To Whom It May Concern:

My name is Vinay Sharma, I am In-House Counsel for St. Thomas Hospitality, LLC, a United States Virgin Islands limited liability company. Enclosed to this correspondence, please find the following items for your review:

- Completed Application for Foreign LLC For Authorization to Transact Business in Florida for St. Thomas Hospitality, LLC;
- United States Virgin Islands Certificate of Good Standing for St. Thomas Hospitality, LLC; and
- Check for \$155.00 (Filing Fee & Certified Copy).

Please contact me by phone call or email if you require additional information process St. Thomas' application.

Vinay K. Sharma, Esq. Vice President and In-House Counsel

Phone: 240-821-6850

Email: vinay.sharma@baywoodhotels.com

Enclosures.

#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	St. Thomas Hospitalit	y, LLC
	···	Name of Limited Liability Company
The enc Existens	closed "Application by Forci ce, and check are submitted	gn Limited Liability Company for Authorization to Transact Business in Florida," Certificate of to register the above referenced foreign limited liability company to transact business in Florida.
Please r	eturn all correspondence co	ncerning this matter to the following:
	Vinay Sharma	
	-	Name of Person
	St. Thomas Hosp	itality, LLC
		Firm/Company
	3785 NW 82nd A	evenue, #204
		Address
	Miami, FL 33166	i i
		City/State and Zip Code
	vinay.sharma@bay	woodhotels.com
	1	E-mail address: (to be used for future annual report notification)
For furt	her information concerning	this matter, please call:
Vinay Sharma		240 821-6850
	Name of 6	Contact Person Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section
		<u>-</u>
		The Centre of Tallahassee  2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303
		following amount: to: FLORIDA DEPARTMENT OF STATE  \$\Bigsim \text{\$\subset}\$ \$\subset

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

IN COMPILANCE 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:

				22. (1)	" " C " .		
name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	orkla. The	alternate name must include "Limited Liabi	Itty Company,	" "II.a.C.;" C	or "LLC.")	
The United States Virgin Islands			66-10299398				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J.	(Fi:I number,	if applicable)	applicable)		
n/a							
	(Date first transacted business in Florida, it prior to (See sections 605.0904 & 605.0905, F.S. to determi	registratio ne penalty	n.) r liability)	<del></del>			
9053 Estate Thomas, Stc. 101			3785 NW 82nd Avenue, #204				
reet Address of Principal Office)		6.	(Mailing Address)				
St. Thomas, United State	tes Virgin Islands 00802		Miami, FL 33166				
						<del>-</del>	
Name and street address	s of Florida registered agent: (P.O. Box	NOT:	acceptable)		2023		
Name:	Chirag Desai			· · ·	FEB 28		
Office Address:	3785 NW 82nd Avenue, #204				8		
	Miami		33166		ယ္		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Amit N. Patel ■ Manager □ Manager 3785 NW 82nd Avenue, #204 Address: □Member Address: \_\_\_\_ **■**Member Miami, FL 33166 □ Authorized □ Authorized Person Person □Other \_\_\_\_\_ Other\_\_\_ □Other \_\_\_\_ Other □Manager Name: \_\_\_\_\_ □Manager □Member Address: Address: \_\_\_\_\_ ☐ Member ☐ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ Other Other Name: \_\_\_\_\_\_ □Manager □Manager Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_\_ Other Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 (05.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a light degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Amit N. Patel



#### Government of The United States Virgin Islands

-O-

Office of the Lieutenant Governor Division of Corporations & Trademarks

## CERTIFICATE OF GOOD STANDING

To Whom These Presents Shall Come:

I, the undersigned Lieutenant Governor the United States Virgin Islands, do hereby certify that **ST. THOMAS HOSPITALITY, LLC** has filed in the Office of the Lieutenant Governor the requisite annual reports and statements as required by the Virgin Islands Code, and the Rules and Regulations of this Office. In addition, the aforementioned entity has paid all applicable taxes and fees to date, and has a legal existence not having been cancelled or dissolved as far as the records of my office show.

Wherefore, the aforementioned entity is duly formed under the laws of the Virgin Islands of the United States, is duly authorized to transact business, and, is hereby declared to be in good standing as witnessed by my seal below. This certificate is valid through June 30th, 2023.

**Entity Type:** Domestic Limited Liability Company

**Entity Status:** In Good Standing **Registration Date:** 11/28/2022

**Jurisdiction:** United States Virgin Islands, United States

COVERNMENT OF THE CONTROL OF THE CON

Witness my hand and the seal of the Government of the United States Virgin Islands, on this 23rd day of February, 2023.

Tregenza A. Roach
Lieutenant Governor
United States Virgin Islands

Trying A. Road