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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

cj@silverhillsre.com Email Address:\_\_\_

## Foreign Limited Liability Company ESH FORT MYERS OFFICE INVESTORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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

IN COMPILANCE WITH SECTION 005 0002 FLORIDA SECTIONS, THE FOLLOWING IS SUBMITTED TO REGISTER A POREGO. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDAE ESH Fort Myers Office Investors, LLC (Name of Foreign Timited Liability Company, must include "Limited Liability Company," [LLC," or "LLC," (I) name unavailable, other alternate mane adopted for the purpose of transacting business in blorida. The alternate name must include "Limited Liability Company," L.L.C. or "LLC." or "LLC." or Ohio (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 495 S. High Street 495 S. High Street 5. (Street Address of Principal Office) (Mailing Address) Suite 150 Suite 150 Columbus, OH 43215 Columbus, OH 43215 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation . 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. C T Corporation System Kaity Toon, Asst. Secretary

(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]:

Fitle or Capacity: -	Name and Address:	Title or Capacity:	Name and Address
■Manager	Name: Peter Edwards	□Manager	Name: Seth Mendelsohn
□Member	Address: 495 S. High Street		Address: 495 S. High Street
□Authorizéd	Stille 150	©s Authorize	Suite 150
Person	Columbus, O[1 43215	d Person Columbus, OH 43215	
□Other	Other	OtherAuthorize Pe	rson
□Manager`	Name: Thomas Magers	□Manager	Name: Charles Driscotl
□Member	Address: 495 S. High Street	□Member	Address: 495 S. High Street
□xAuthorize	Suite 150	□xAuthoriz¢	Suite 150
d Person	Columbus, OH 43215	d Person Columbus, Off 43215	Columbus, Off 43215
⊕Other Authorized	Person Other	Other Authorized	Person Other ·
□Manager	Name:	□Manager	Name:
□Meinber	Address: —	□Member →	Address:
Authorized		□Authorized	
Person		Person	
Other	Other	□ Öther	□ 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 outh of the translator must be submitted)

10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, Lam 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.

Sun	•
Signature	if an nuthorized person
Seth Mendelsohn	

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ESH FORT MYERS OFFICE INVESTORS, LLC, an Ohio Limited Liability Company, Registration Number 5045722, was organized in the State of Ohio on May 4, 2023, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of May, A.D. 2023.

Ohio Secretary of State

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Validation Number: 202312503690