

M23000010075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

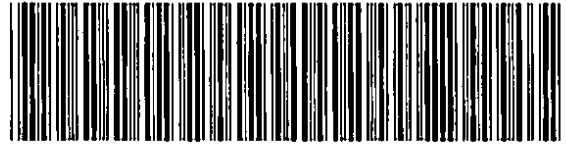
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 AUG -2 PM 3:33

RECEIVED
2023 AUG -2 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. ROBERTS

AUG 03 2023



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 08/02/23
Order #: 1243521-1
Re: CTH Seacrest LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

auth

A handwritten signature in black ink, appearing to read "Eyliena Baker", is written over the word "auth".

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CTH Seacrest 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:

Vicki Tuchman

Name of Person

Lowe Enterprises, Inc.

Firm/Company

11777 San Vicente Boulevard, Suite 900

Address

Los Angeles, CA 90049

City/State and Zip Code

legal1@loweenterprises.com

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

For further information concerning this matter, please call:

Vicki Tuchman

310

571-4266

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. CTH Seacrest 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 92-4028825
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 11, 2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 25 Kaiya Avenue
(Street Address of Principal Office)
Seacrest, Florida 32461

6. 11777 San Vicente Boulevard
(Mailing Address)
Suite 900
Los Angeles, CA 90049

2023
FEB 23

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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.

Corporation Service Company

By: Eylina Baker Assistant Vice President
(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]:

Title or Capacity: Name and Address:

☒ Manager Name: CoralTree Hospitality Group LLC

☐ Member Address: 5299 DTC Boulevard

☐ Authorized Suite 1260

Person Greenwood Village, CO 80111

☐ Other _____ ☐ Other _____

☐ Manager Name: John M. DeMarco

☐ Member Address: 11777 San Vicente Blvd.

☐ Authorized Suite 900

Person Los Angeles, CA 90049

☒ Other SVP and Chief Legal Officer ☐ Other _____

☐ Manager Name: Vicki P. Tuchman

☐ Member Address: 11777 San Vicente Blvd.

☐ Authorized Suite 900

Person Los Angeles, CA 90049

☒ Other Secretary ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Thomas P. Luersen

☐ Member Address: 5299 DTC Boulevard

☐ Authorized Suite 1260

Person Greenwood Village, CO 80111

☒ Other President ☐ Other _____

☐ Manager Name: Rebecca Wells

☐ Member Address: 5299 DTC Boulevard

☐ Authorized Suite 1260

Person Greenwood Village, CO 80111

☐ Other SVP - Finance ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

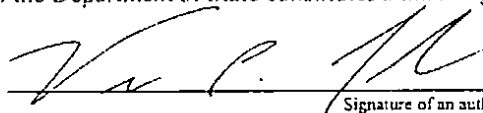
Person _____

☐ 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.



Signature of an authorized person

Vicki P. Tuchman

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CTH SEACREST 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 SECOND DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CTH SEACREST LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2023.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7456642 8300

SR# 20233145102

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

Authentication: 203877189

Date: 08-02-23