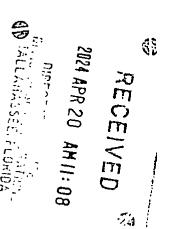
M24000005581

(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:				
W24-67625				



24 HAY - 1 PH 4: 25



Office Use Only

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/30/2024		##TT/	A F Z/ Fhite
			ALK IN**
ENTITY NAME 501 L	exington Development Co	mpany, LLC	
DOCUMENT NUMBEI	₹		
	PLEASE FILE THE A	TTACHED AND RETURN	
	Plain Copy		
XXXXXXXX	Certified Copy		
XXXXXXXX	Certificate of Status		_
	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts &	Amendments	
	Certificate of Good Standin	2	
	APOSTILLE' / NOT	TARIAL CERTIFICATION	
COUNTRY OF DESTIN	ATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$160		ACCOUNT #: I20160000072	
		S R FM	
Please call Tina at	the above number for any	issues or concerns. Thank you so much:	/

April 30, 2024

SUNSHINE

SUBJECT: 501 LEXINGTON DEVELOPMENT COMPANY, LLC

Ref. Number: W24000067625

We have received your document for 501 LEXINGTON DEVELOPMENT COMPANY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 524A00009417

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

OT:

וע	vision of Corporations			
BJECT	501 Lexington Development Company, LL	.C		
Name of Limited Liability Company				
e enclose istence, a	ed "Application by Foreign Limited Liability Cand check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori		
ase retur	n all correspondence concerning this matter to	o the following:		
	Nina Pallatt			
		Name of Person		
		Firm/Company		
	9271 S John Young Parkway			
		Address		
	Orlando, Florida 32819			
	С	ity/State and Zip Code		
	npallatt@holidayinnclub.com			
	E-mail address: (to be	used for future annual report notification)		
r further	information concerning this matter, please cal	II:		
Nina Pallatt		407 3956928		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
	O. Box 6327	2415 N. Monroe Street, Suite 810		
18	allahassee, FL 32314	Tallahassee, FL 32303		
	iclosed is a check for the following amount: ease make check payable to: FLORIDA DEP	PARTMENT OF STATE		
	\$125.00 Filing Fee \$130.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate		

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: 501 Lexington Development Company, 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") 88-0560925 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, it prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 9271 S. John Young Parkway 9271 S John Young Parkway 6. (Mailing Address) (Street Address of Principal Office) Orlando, FL 32819 Orlando, FL 32819 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. 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.

NRAI Services, Inc. Natalie Leiba-Paul - Assistant Secretary

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: Name: John Staten Name: ____ □ Manager □Manager 9271 S John Young Parkway 9271 S John Young Parkway Address: _____ ☐Member Address: ☐Member Orlando, FL 32819 Orlando, FL 32819 Authorized **■** Authorized Sr. VP/CFO/T President/CEO Person Person Other____ □Other_ □Other_____ Other____ Name: Michael J Thompson Name: ______ ☐ Manager □ Manager 9271 S John Young Parkway Address: □Member Address: _ ☐ Member Orlando, FL 32819 □ Authorized ■ Authorized Sr. VP/S Person Person □Other____ Other_____ □Other _____ □Other_____ Name: □Manager □Manager Address: □Member ☐ Member Address: ______ □ Authorized ☐ Authorized Person Person □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 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.

Typed or printed name of signee

Michael J Thompson



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "501 LEXINGTON DEVELOPMENT COMPANY,

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 TWENTY-NINTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "501 LEXINGTON DEVELOPMENT COMPANY, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2022.

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



Authentication: 203355450

Date: 04-29-24