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Requestor's Name 660 East Jeffers	on Street		P# 2:	OF STA
Address Tallahassee, FL	32301 222-1092		2: 02	TIONS
City State Zip	Phone			
CORPORA	ATION(S) NAME	31	000025792 -07/02/98010 *****285.00 *	□3 61028 ***285 (
				
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Name Availability Document Examiner Updater	7/2	PLEASE	RETURN EXTRACOPY FILE STAMPED THANKS SE 12 CONNIE AT 3	(s)
Verifier Acknowledgment W.P. Verifier				

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware		Applied For		
(Jurisdiction under the law of which is company is organized)	foreign limited	liability (FEI number, if ap	plicable)	
June 25, 1998	5	Perpetual		
(Date of Organization)		(Duration: Year limited liability cease to exist or "perpetual")	company Will	
Upon Qualification				<u></u>
(Date first transacted bu	siness in Floric	da. (See sections 608.501, 608.502	and 817.155, F.S.)	
. 1950 Stemmons Freeway, S	uite 6001,	Dallas, Texas 75207		
				_
	404			
	(Street add	lress of principal office)		
. List name, title, and business add will manage the foreign limited l	lress of each	managing member [MGRM] o	r manager [MGR] mal page if necess	who ary)
will manage the foreign limited l NAME & ADDRESS:	lress of each	managing member [MGRM] o	r manager [MGR] nal page if necess TITLE:	who ary)
NAME & ADDRESS:	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	nal page if necess	who ary)
will manage the foreign limited l NAME & ADDRESS: atriot American Hospitality Operating artnership, L.P.	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	nal page if necess	who ary)
will manage the foreign limited l NAME & ADDRESS: atriot American	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	nal page if necess	who ary) SECRETARE DIVISION OF C
will manage the foreign limited l NAME & ADDRESS: atriot American Hospitality Operating artnership, L.P. Stemmons Freeway, Suite 6001	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	TITLE:	who ary) SECRETARY OF CORPC
will manage the foreign limited l NAME & ADDRESS: atriot American Hospitality Operating artnership, L.P. Stemmons Freeway, Suite 6001	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	mal page if necess TITLE:	who ary division of corporation
will manage the foreign limited l NAME & ADDRESS: atriot American Hospitality Operating artnership, L.P. Stemmons Freeway, Suite 6001	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	TITLE:	who secretary of state division of corporations
will manage the foreign limited l NAME & ADDRESS: atriot American Hospitality Operating artnership, L.P. Stemmons Freeway, Suite 6001	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	mal page if necess TITLE:	who secretary of state division of corporations
will manage the foreign limited l NAME & ADDRESS: atriot American Hospitality Operating artnership, L.P. Stemmons Freeway, Suite 6001	lress of each liability comp	managing member [MGRM] of carry in Florida: (attach addition	mal page if necess TITLE:	who ary division of corporations

having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "W-SSH, L.L.C." 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-FIETH DAY OF JUNE, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

98 JUL -2 PM 2: 02



Edward J. Freel, Secretary of State

2913194 8300

AUTHENTICATION:

9162087

DATE:

06-25-98

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	W-SSH, L.L.C.	<u></u>
The name	and the Florida street address of the registered agent and office are:	
	C T CORPORATION SYSTEM (Name)	98 JUL -2
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	72
	Plantation FL 33324	2.0.2

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 certificate, 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 relating 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

(Signature)
Randy A. Shelley, Special Asst. Sec

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of w-ssh, L.L.c	•	
_	certifies:		
1)	the above named limited liability company has at iteas the more members;		
2)	the total amount of cash contributed by the member(s) is	\$ <u>100.00</u> ;	
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$;	
	the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>100.00</u>	
	Signature of a member or authorized representative of a membe	r.	
	(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	•	
	Karim Alibhai		
	Typed or printed name of signee	SECRETARY OF STATE IVISION OF CORPORATIONS 8 JUL -2 PH 2: 02	

Filing Fee: \$250.00 for Application and Affidavit