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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FILE 2ND

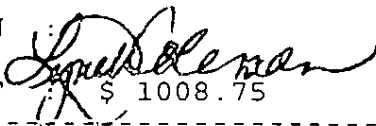
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 786918 7840507

AUTHORIZATION :

COST LIMIT : \$ 1008.75



ORDER DATE : April 29, 2021

ORDER TIME : 9:09 AM

ORDER NO. : 786918-005

CUSTOMER NO: 7840507

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TALLAHASSEE, FL

FOREIGN FILINGS

NAME: DRURY PLAZA HOTEL ORLANDO
LAKE BUENA VISTA, LLLP

XXXX QUALIFICATION (TYPE: LLL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRURY PLAZA HOTEL ORLANDO LAKE BUENA VISTA, LLLP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Alison E. Winka
Contact Person
Drury Development Corporation
Firm/Company
13075 Manchester Road, Suite 200
Address
St. Louis, MO 63131
City, State and Zip Code
alison.winka@drurydevelopment.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline D. Pollvogt at (314) 423-6698
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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

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SECRETARY OF STATE
TALLAHASSEE, FL

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. DRURY PLAZA HOTEL ORLANDO LAKE BUENA VISTA, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. State of Missouri State or Country of Formation
3. April 28, 2021 Date of Formation

4. Federal Employer Identification Number: 86-3544361

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

6. 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.

Danielle Ellenberger Danielle Ellenberger Asst. Secretary
Signature of Registered Agent

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STATE
TALLAHASSEE, FL

7. Principal Office:
13075 Manchester Road, Suite 200
St. Louis, MO 63131

8. Mailing Address:
Same as Principal Office

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner:	<u>Drury 2021, LLC</u>	Name of General Partner:	_____
Street Address:	<u>13075 Manchester Road, Suite 200</u>	Street Address:	_____
	<u>St. Louis, MO 63131</u>		_____
Mailing Address:	<u>Same as Street Address</u>	Mailing Address:	_____
	_____		_____
Name of General Partner:	_____	Name of General Partner:	_____
Street Address:	_____	Street Address:	_____
	_____		_____
Mailing Address:	_____	Mailing Address:	_____
	_____		_____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 28 day of April, 2021



Signature of a general partner

Jacqueline D. Pollvogt, Vice President of Drury 2021, LLC, the General Partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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STATE SECRETARY

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

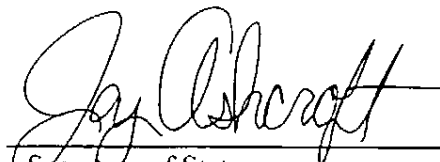
CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Drury Plaza Hotel Orlando Lake Buena Vista, LLLP
LP1411413

A Missouri entity was created under the laws of this State on 4/28/2021, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 28th day of April, 2021.


Secretary of State

Certification Number: CERT-IN79247



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STATE OF MISSOURI
SECRETARY OF STATE

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