



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**Certificate of Registration**  
 FOREIGN Limited Partnership


→ Filing Fee: \$100.00 minimum

Pursuant to the provisions of RIGL 7-13-49, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
<b>Highgate Hotels, L.P.</b>		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
<b>Delaware</b>	<b>March 12, 2007</b>	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<b>Various Real Estate and Hotel Operations</b>		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name <b>Corporation Service Company</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited partnership is:		
<b>545 E. Carpenter Way, Suite 1400, Irving, TX 75062</b>		

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**   
**STAMP**  
**OCT 27 2020**  
 BY AKB  
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8. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Highgate Hotels GP, LLC	545 E. Carpenter Way, Suite 1400, Irving, TX 75062	
9. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is cancelled or withdrawn is:		
545 E. Carpenter Way, Suite 1400, Irving, TX 75062		
10. The mailing address for the foreign limited partnership is:		
Address 545 E. Carpenter Way, Suite 1400		
City/Town Irving	State TX	Zip Code 75062
11. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of General Partner		Date
Paul R. Womble, Vice President of Highgate Hotels GP, LLC; General Partner		10/23/2020
Signature of General Partner		
		SIGN DOCUMENT HERE

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGHGATE HOTELS, L.P." 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-SIXTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGHGATE HOTELS, L.P." WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2007.

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



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SR# 20208031326

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203937534

Date: 10-26-20



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 27, 2020 12:07 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

