



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

17-B15040

FILED

In the office of the Secretary of State
of the State of California

OCT 20, 2017

This Space For Office Use Only

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

SILICON VALLEY CLUB, LLC

2. 12-Digit Secretary of State File Number

201713610534

3. State, Foreign Country or Place of Organization (only if formed outside of California)

DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

b. Mailing Address of LLC, if different than item 4a

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete item 5b

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete item 5a

SVC America Center Hotel, LLC

c. Address

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Devang

Middle Name

Last Name

Shah

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

18800 Bella Vista

City (no abbreviations)

Saratoga

State

CA

Zip Code

95070

CORPORATION — Complete item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

Hotel

8. Chief Executive Officer, if elected or appointed

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. The information contained herein, including any attachments, is true and correct.

10/20/2017

Devang Shah

SpringHill Suites by Marriott

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip:

Attachment 4

Page 1 of 5

17-338121



Secretary of State
Statement of Information
 (Limited Liability Company)

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LLC-12

FILED
Secretary of State
State of California

MAY 04 2017

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Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

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1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

SVC America Center Hotel, LLC

2. 12-Digit Secretary of State File Number

201711710509

3. State, Foreign Country or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office — Do not list a P.O. Box

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

b. Mailing Address of LLC, if different than Item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if Item 4a is not in California — Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual — Do not complete Item 5b

Devang

Middle Name

Last Name

Shah

Suffix

b. Entity Name — Do not complete Item 5a

c. Address

18800 Bella Vista

City (no abbreviations)

Saratoga

State

CA

Zip Code

95070

6. Service of Process (Must provide either individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

Devang

Middle Name

Last Name

Shah

Suffix

b. Street Address (if agent is not a corporation) — Do not enter a P.O. Box

579 Clyde Avenue, Suite 340

City (no abbreviations)

Mountain View

State

CA

Zip Code

94043

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

Real Estate Investment

8. Chief Executive Officer, if elected or appointed

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. The information contained herein, including any attachments, is true and correct.

05/03/2017

Devang Shah

Manager

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

Company:

Address:

City/State/Zip:

Attachment 4

Page 2 of 5

17-338121

	Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment		
A. Limited Liability Company Name SVC America Center Hotel, LLC				
This Space For Office Use Only				
B. 12-Digit Secretary of State File Number 201711710509	C. State or Place of Organization (only if formed outside of California)			
D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.				
2a. First Name - Do not complete item 2b Krishna	Middle Name	Last Name Jhaveri	Suffix	
2b. Entity Name - Do not complete item 2a				
2c. Address 960 Bluebonnet Drive	City (no abbreviations) Sunnyvale		State CA	Zip Code 94086
3a. First Name - Do not complete item 3b Ashok	Middle Name	Last Name Killer	Suffix	
3b. Entity Name - Do not complete item 3a				
3c. Address 12800 Clausen Court	City (no abbreviations) Los Altos		State CA	Zip Code 94022
4a. First Name - Do not complete item 4b	Middle Name	Last Name	Suffix	
4b. Entity Name - Do not complete item 4a				
4c. Address	City (no abbreviations)		State	Zip Code
5a. First Name - Do not complete item 5b	Middle Name	Last Name	Suffix	
5b. Entity Name - Do not complete item 5a				
5c. Address	City (no abbreviations)		State	Zip Code
6a. First Name - Do not complete item 6b	Middle Name	Last Name	Suffix	
6b. Entity Name - Do not complete item 6a				
6c. Address	City (no abbreviations)		State	Zip Code
7a. First Name - Do not complete item 7b	Middle Name	Last Name	Suffix	
7b. Entity Name - Do not complete item 7a				
7c. Address	City (no abbreviations)		State	Zip Code
8a. First Name - Do not complete item 8b	Middle Name	Last Name	Suffix	
8b. Entity Name - Do not complete item 8a				
8c. Address	City (no abbreviations)		State	Zip Code

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State of California
Secretary of State

Certificate of Conversion

CONV-1A

File # 200628510078

FILED JLR

Secretary of State
State of California

MAY 16 2017

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Converted Entity Silicon Valley Club, LLC			
2. Form of Entity Limited Liability Company		3. Jurisdiction Delaware	
4. Mailing Address of Chief Executive Office		City	State Zip Code
5. Street Address of Chief Executive Office - Do not list a P.O. Box 579 Clyde Avenue, Suite 340, Mountain View, CA 95070		City	State Zip Code
6. Street Address of the California Office, if any - Do not list a P.O. Box		City	State Zip Code CA
7. If the converting entity is a California corporation, limited liability company, limited partnership or general partnership, you must designate an agent for service of process: Item 7a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 7b: If the agent is an individual, list the agent's business or residential street address. Item 7c: If the agent is an individual, list the mailing address of the converted entity's agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.			
a. Name of Agent For Service of Process Devang Shah			
b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box 579 Clyde Avenue, Suite 340, Mountain View, CA 94043		City	State Zip Code
c. If an individual, Mailing Address of Agent for Service of Process 579 Clyde Avenue, Suite 340, Mountain View, CA 94043		City	State Zip Code

Converting Entity Information

8. Name of Converting Entity Silicon Valley Club, LLC								
9. Form of Entity Limited Liability Company	10. Jurisdiction California	11. CA Secretary of State File Number, if any 200628510078						
12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class: <table border="0"><tr><td><u>The class and number of outstanding interests entitled to vote.</u></td><td>AND</td><td><u>The percentage vote required of each class.</u></td></tr><tr><td>Common Class (no other classes)</td><td></td><td>100%</td></tr></table>			<u>The class and number of outstanding interests entitled to vote.</u>	AND	<u>The percentage vote required of each class.</u>	Common Class (no other classes)		100%
<u>The class and number of outstanding interests entitled to vote.</u>	AND	<u>The percentage vote required of each class.</u>						
Common Class (no other classes)		100%						

Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.	
14. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I declare I am the person who executed this instrument, which execution is my act and deed. 05/12/2017 Date Signature of Authorized Person Signature of Authorized Person	
Devang Shah, Manager Type or Print Name and Title of Authorized Person Krishna Jhaveri, Manager Type or Print Name and Title of Authorized Person	

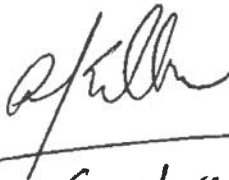
CERTIFICATE OF CONVEYANCE IN

CONV-1A

200628510078

14 . I Certify under penalty of Perjury
Under laws of the STATE OF CALIFORNIA
THAT THE FOREGOING IS TRUE AND CORRECT
OF MY OWN KNOWLEDGE. I declare
I AM THE PERSON WHO EXECUTED THIS
INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED

DATE 5/16/2017



Signature of AUTHORIZED PERSON

Ashok Killer, MANAGER
NAME. TITLE

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