

**LLC-12** 

17-B15040

## **FILED**

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

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Filing Fee - \$20.00			OCT 20	2017	7		
Copy Fees First page \$1.00; each attachment page \$0.50;			OCT 20, 2017				
Certification Fee - \$5.00 plus copy fees	0.00,						
, .,			This Space For Office		Only		
1. Limited Liability Company Name (Enter the exact name of the	e LLC. If you registered in Ca	<b>afornia</b> using a	n alternate name, see instruct	ions.)			
SILICON VALLEY CLUB, LLC							
2. 12-Digit Secretary of State File Number		intry or Plac	e of Organization (only if fo	med out	iside of (	California)	
201713610534	DELAWARE						
4. Business Addresses				State			
a. Street Address of Principal Office - Do not list a P.O. Box 579 Clyde Avenue, Suite 340	Mountain '	City (no abbreviations) Mountain View			2p Cd 9404	13	
b. Mailing Address of LLC, if different than item 4s 579 Clyde Avenue, Suite 340		City (no abbreviations) Mountain View			<b>Z</b> ф Со		
c. Street Address of California Office, if from 4e is not in California - Do not lit 579 Clyde Avenue, Suite 340		eviations)	1	CA State CA	Zip Co	de	
If no managers have been appr	1,1,0,0,1,1,0,1,1,1		tress of each member. At lea		1		
5. Manager(s) or Member(s) must be liated, if the manager/m an entity, complete items 5b and	ember is an Individual, comp	lete Items 5a	and 6c (leave Item 5b blank).	If the ma	neger/m	ember is	
has additional managers/membe				aci oi ille	anger. I	T WIS LLC	
a. First Name, if an Individual - Do not complete Item 5b	Middle Name		Last Name			Suffix	
p. Entity Name - Do not complete Item 5e SVC America Center Hotel, LLC			1			-	
c. Address		eviations)	. '			Zip Code	
579 Clyde Avenue, Suite 340		View	/iew   CA   9404			3	
6. Service of Process (Must provide alther Individual OR Corporat	•						
INDIVIDUAL — Complete items 6a and 6b cnly. Must include agen  a. Catifornia Agent's First Name (if agent is not a corporation)	rs ruff name and California so Middle Name		Last Name				
Devang	WIGHE PERIDE		Shah			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 18800 Bella Vina		eviations)			95070		
CORPORATION - Complete Item 6c only. Only include the name	of the registered agent Corpo	ration.		-			
c. California Registered Corporate Agent's Name (if agent is a corporation) — I	Do not complete (tem Ba 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			SUME	
b. Address	City (no abbre	eviations)		State	Zip Co	de	
9. The Information contained herein, including any attachn	nents, is true and correc	t.					
10/20/2017 Deven Shek	-	Ondool II	III Culton haalda				
10/20/2017 Devang Shah			III Suites by Marriott				
Date Type or Print Name of Person Completing to Return Address (Optional) (For communication from the Secretary person or company and the mailing address. This Information will become	of State related to this docum			_	er the na	arne of a	
Name:	Punt with HOL. OLL ING!	1	ONE OUMPLEING.				
Company:				۸tta	chmer	nt 1	
Address:				Alla	CHILLE	II 4	
Cth/Stata/7in		I		Pa	ge 1 d	of 5	



### Secretary of State Statement of Information (Limited Liability Company)

**LLC-12** 

IMPORTANT — Read instructions before completing this form

FILED Secretary of State State of California

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Filing Fee - \$20.00			MAY 9 4 2017						
	00; each attachment page \$0.9 ee - \$5.00 plus copy fees	50;		NF	his Space For Offi	ice Use (	Only		
1. Limited Liability Company	Name (Enter the exect name of the L	LC. If you re	gistaned in Californ	ga nama an a	illemate name, see instru	ctions.)			
SVC America Center Hote	I, LLC								
2. 12-Digit Secretary of State ( 2017117)		3. State, i	Foreign.Country	or Place o	of Organization (only i	formed ou	taide of	California	
4. Business Addresses									
a. Street Address of Principal Office - D			City (no abbreviations)			State	Zip Code		
579 Clyde Avenue, Suite			Mountain Vie			CA	94043		
b. Making Address of LLC, if different than item 4a			City (no abbreviation	ons)		State	Zip Code		
c. Street Address of California Office, if Item 4s is not in California - Do not list a P.O. Box			City (no abbreviation	ons)	71	State	Zip C	Zip Code	
Manager(s) or Member(s)     First Name, if an Individual - Do not or Devang		c fieeve item	Sa blank). Note:	The LLC car	not serve as its own mar	nager or me	mber.	f the LLC	
b. Entity Name - Do not complete Item 5	ie .								
o. Address 18800 Belia Vina			City (no atthreviations) Saratoga		State	Zip Code 95070			
3. Service of Process (Must provide either individual OR Corporation.)		00.0030				3307			
	Be and 6b cray. Must include agent's:	•	d California atreat :	zddmaa					
a. Celifonnia Agent's First Name (if agen		(Or Harris and	Middle Name	sources.	Last Name			Suffix	
Devang			Shah			SAIRA			
b. Street Address (f agent is not a corporation) - Do not enter a P.O. Box 579 Ciyde Avenue, Suite 340		City (no abbreviate Mountain Vi				Zip Code 94043			
CORPORATION - Complete its	an 6c only. Only include the name of	the registere	d agent Corporation	n.	-		-		
c. Celiforna Registered Corporata Agam	l's Name (if agent la a corporation) Do	nat complete	llem Be or 6b		(5)				
7. Type of Business									
a. Describe the type of bushess or servi Real Estate Investment	ces of the Limited Liability Company								
8. Chief Executive Officer, if e	lected or appointed								
e. First Name			Middle Rame		Last Name			Suffix	
b. Address			City (no abbreviation	ma)		Slate	Zip Co	:de	
9. The information contained i	herein, Including any attachme	nts, is true	and correct.	_					
05/03/2017 Deva	ang Shah		M	anager					
Dale Type	or Print Name of Person Completing the	Form	T	ite	Signal	re			
	communication from the Secretary of I tress. This information will become pu					cument ent	er the n	amė of a	
ame:			1						
ompany:						Λ.	Hoch:-	20p4 1	
deress:	N					A	ttachm	ient 4	

LLC-12 (REV 01/2017)

City/State/Zip:

2017 California Secretary of State www.sos.ca.gov/business/be

Page 2 of 5



LLC-12A Attachment

A. Limited Liability Company Name

SVC America Center Hotel, LLC

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B. 12-Digit Secretary of State File Number

C. State or Place of Organization (only if formed outside of California)

201711710509

D. List of Additional Manager(a) or Member(a) - 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 - Oo not complete Itam 2b Krishna	Middle Name	Jhaveri Jhaveri		Suffix	
2b. Entity Name - Do not complete item 2s					
2c. Address 960 Bluebonnet Drive	City (no abbreviations) Sunnyvale			Zip Code 94086	
3a. First Name - Do not exemplate item 3b AShOK	Middle Name	Last Nume Killer		Suffix	
3b. Entity Name - Do not complete from Sa					
Sc. Address 12800 Clausen Court	City (no abbreviations) Los Altos			Zip Code 94022	
4a. First Name – Do not completé Itam 4b	Middle Name	Verne Laut Name		Suffix	
4b. Entity Name - Do not complete item 4e		1			
4c. Address	City (no ebbreviations)	City (no ebbreviations)		Zip Code	
Sa. First Name Do not complete item 5b	Middle Name	Last Name		Suffix	
5b. Entity Name - Do not complete Item 5a		•			
Sc. Address	City (no abbreviatione)		State	Zip Code	
6a. First Name - Da not complete Rem 5b	Middle Name	Cast Name		Suffix	
6b. Ertity Name - Do not complete Ham Sa					
Gc. Address	City (no abbreviations)	State		Zip Code	
7s. First Name - Do not complete Hem 7b	Middle Name	Last Name		Suffix	
7b. Entity Name - Do not complete Item 7a					
7c. Address	City (no abbreviations)	City (no abbreviations) State		Zip Code	
8a. First Name – Do-not complete item 8b	Middle Name	Last Name	1	Suffice	
8b. Ertity Name - Do not complete item 8a	1	*		1	
Sc. Address	Gity (no abbreviations)	City (no abbreviations) State Zip C			

LLC-12A - Attachment (EST 07/2016)

2016 Cationie Secretary of State www.sos.ca.gov/business/be





## State of California Secretary of State

**Certificate of Conversion** 

CONV-1A

File# 20062-8510078

FILED JUST

Secretary of State State of California

MAY 1 6 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 3. Jurisdiction 2. Form of Entity Limited Liability Company Delaware Mailing Address of Chief Executive Office City State Zip Code 5. Street Address of Chief Executive Office - Do not list a P.O. Box City State Zip Code 579 Clyde Avenue, Suite 340, Mountain View, CA 95070 6. Street Address of the California Office, if any - Do not list a P.O. Box State Zip Code 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 City State Zip Code 579 Clyde Avenue, Suite 340, Mountain View, CA 94043 c. If an individual, Mailing Address of Agent for Service of Process City Zip Code 579 Clyde Avenue, Suite 340, Mountain View, CA 94043 **Converting Entity Information** 8. Name of Converting Entity Silicon Valley Club, LLC 10. Jurisdiction 9. Form of Entity 11. CA Secretary of State File Number, if any Limited Liability Company California 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: The class and number of outstanding interests entitled to vote. The percentage vote required of each class.

#### **Additional Information**

Common Class (no other classes)

re of Authorized Person

- 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.

05/12/201/	
Date /	
Can as I	
Signalyre of Authorized Person	
11/1/2	

Devang Shah, Manager

Type or Print Name and Title of Authorized Person

Krishna Jhaveri, Manager

Type or Print Name and Title of Authorized Person

CONV-1A (REV 01/2016)

APPROVED BY SECRETARY OF STATE

100%

# CRTIFICATE OF CONVERS IN CONV-14/

200428510078

14. I Certify under penalty of Perjuey under laws of the STATE OF CALIFORNIA THAT THE FORESOING IS TRUE AND Correct of my own knowledge. I declare I AM THE PBRSON WHO EDECUTED this INSTRUMENT, Which execution is my ART AND DEED

5/16/2017

Signature of Author- 785 / Eason NAME. 4/12

Attachment 4 Page 5 of 5

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