

Office of the Secretary of State

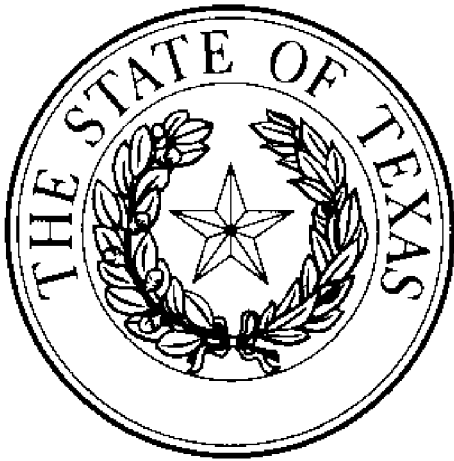
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

CS 125 Hospitality, LLC
Filing Number: 803077612

Certificate of Formation


July 26, 2018

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 05, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State

| | | |
|--|--|--|
| <p>Form 205 (Revised 05/11)</p> <p>Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512 463-5709 Filing Fee: \$300</p> |  <p>Certificate of Formation Limited Liability Company</p> | <p>This space reserved for office use.</p> <p style="text-align: center;">FILED In the Office of the Secretary of State of Texas</p> <p style="text-align: center;">JUL 26 2018</p> <p style="text-align: center;">Corporations Section</p> |
|--|--|--|

Article 1 – Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

CS 125 Hospitality, LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

| | | | |
|-------------------|-------------|------------------|---------------|
| William | P. | Glass | |
| <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i> |

C. The business address of the registered agent and the registered office address is:

| | | | |
|-----------------------|-------------|--------------|-----------------|
| 404 Bosque Circle | Southlake | TX | 76092 |
| <i>Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |

Article 3—Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

| | | | |
|---|-------------|------------------|--------------------------------|
| GOVERNING PERSON 1 | | | |
| NAME (Enter the name of either an individual or an organization, but not both.) | | | |
| IF INDIVIDUAL | | | |
| William | P. | Glass | |
| <i>First Name</i> | <i>M.I.</i> | <i>Last Name</i> | <i>Suffix</i> |
| OR | | | |
| IF ORGANIZATION | | | |
| <i>Organization Name</i> | | | |
| ADDRESS | | | |
| 404 Bosque Circle | Southlake | TX | USA 76092 |
| <i>Street or Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Country</i> <i>Zip Code</i> |

| | | | |
|---|------|-----------|------------------------|
| GOVERNING PERSON 2 | | | |
| NAME (Enter the name of either an individual or an organization, but not both.) | | | |
| IF INDIVIDUAL | | | |
| First Name | M.I. | Last Name | Suffix |
| OR | | | |
| IF ORGANIZATION | | | |
| Organization Name | | | |
| ADDRESS | | | |
| Street or Mailing Address | | City | State Country Zip Code |

| | | | |
|---|------|-----------|------------------------|
| GOVERNING PERSON 3 | | | |
| NAME (Enter the name of either an individual or an organization, but not both.) | | | |
| IF INDIVIDUAL | | | |
| First Name | M.I. | Last Name | Suffix |
| OR | | | |
| IF ORGANIZATION | | | |
| Organization Name | | | |
| ADDRESS | | | |
| Street or Mailing Address | | City | State Country Zip Code |

Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer:

William P. Glass

Name

404 Bosque Circle

Street or Mailing Address

Southlake

City

TX 76092

State Zip Code

Effectiveness of Filing (Select either A, B, or C.)

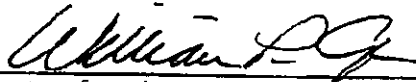
- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: July 25, 2018



Signature of organizer

William P. Glass

Printed or typed name of organizer