Forda Filing Escarch Requestor's Name	6
Address (008-43\8 City/State/Zip Phone # Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. West Solution States (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time Certified Copy Certificate of Status	SECRETARY OF STATE TO A 27
	**131.25

CR2E031(1/95)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	WESTMINSTER HOSPITALITY, INC.							
	(Name of corporation: must include the word "INCORPORA abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at present the present of the person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person of partnership is not so contained in the name at present person per	ATED" ate that sent.)	', "COMPA it is a corp	NY","(oration	CORPOR instead o	RATION of a natur	l" or wor rai	ds or
2.	Delaware State or country under the law of which it is incorporated)	3		(FEI	number,	if applic	abl e)	_
4.	2–25–98 (Date of Incorporation)	5. (Du	Perp	etual rcomp.	will cease	to exist	or "perp	etual")
6	Upon qualification		-	_				
٠.	(Date first transacted business in Florida. (SEE SECTIONS	607.1	501,607.1	502, AN	D 817.15	5, F.S.)		
_	5847 San Felipe, Suite 4650						98 14	VISE
7.							- 3	772
	Houston, TX 77057						27	ुर्दे
	(Current mailing	g addre	ess)					್ಷವಿ
							ငှာ	, STA
8.	Hotel owner/operator							1,211
	(Purpose(s) of corporation authorized in home state or country Florida)	y to be	carried out	in the s	tate of		_	ঠ
9.	Name and street address of Florida registered acceptable)	agent	t: (P.O.)	Box o	r Mail I	Orop B	ox <u>NO</u>	T
	Name: NRAI Services, Inc.		٠,					N. J.
Of	fice Address: 526 E. Park Avenue							
	Tallahassee	<u> </u>	, Florida	, 32	301		 •	
10	Registered agent's acceptance:			(Zip C	lode)			
co: reg	tving been named as registered agent and to accept poration at the place designated in this application is the place designated in this capacity. If statutes relative to the proper and complete perform accept the obligations of my position as registered.	on, I l furthe orman	nereby ac er agree i ce of my	cept to to com	he appo Iplv wit	ointmer h the p	nt as rovisio	ns of vith

Dilanie Lundonen, asst sec (Registered agent Signature)

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

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

DIRECTORS (Street address only- P. O. Box NOT acceptable)	
TIRECTIONS (Street address only- r. O. Dox NOT acceptable)	

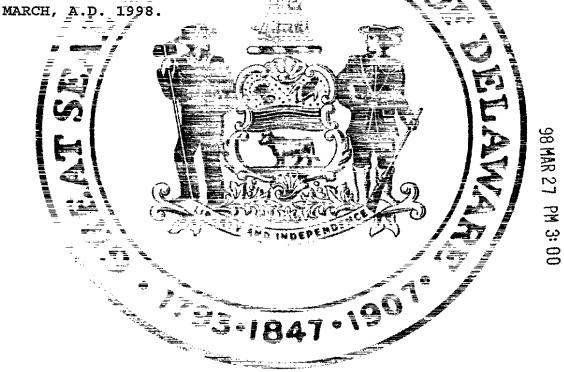
Chairman: _	Majid Mangalji	<u> </u>
Address: _	5847 San Felipe, Suite 4650 Houston, TX 77057	
	nan: Moez Mangalji	
Address: _	5847 San Felipe, Suite 4650 Houston, TX 77057	
Director: _		
Address:		
_		
Director: _		
Address:		
		98 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. OFFIC	ERS (Street address only- P. O. Box NOT acceptable)	
	Majid Mangalji	27
Address:	5847 San Felipe, Suite 4650	
_	Houston, TX 77057	<u> </u>
Vice Presid	ent: Moez Mangalji	00
Address:	5847 San Felipe, Suite 4650	
-	Houston, TX 77057	
Secretary:	Moez Mangalji	_ ·
Address: _	5847 San Felipe, Suite 4650	
	Houston, TX 77057	
Treasurer:	Majid Mangalji	
Address: _	5847 San Felipe, Suite 4650 Houston, TX 77057	
MOTTE. IS	necessary, you may attach an addendum to the application listing additional	
officers and	or directors.	
		•
13(S	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. <u>Moez</u>	Z Mangalji, Vice President (Typed or printed name and capacity of person signing application)	

State of Delaware

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "WESTMINSTER HOSPITALITY, INC." IS
DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS
THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF



Edward J. Freel, Secretary of State

2862656 8300

AUTHENTICATION:

8986703

981110578

DATE:

03-23-98