1000005818 Documen Number (nly)

Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301	C T Corporation System				
V 10-01-01-0	Requesto		Jefferson	Street	
•	Address	Tallahass	ee, FL 32	2301	
City State Zip Phone	City	State	Zip	Phone	

CORPORATION(S) NAME

700002666687—8 -10/19/98--01047--007 ******78.75 *****78.75

Coming Hotel Ma	nagement Corporation		980
	Jonann Sparing		
		-	ٔ ت
Profit 4	() Amandmont	() Morgor	PM 12: 28
) NonProfit) Limited Liability Company	() Amendment	() Merger	<u> </u>
D Foreign	() Dissolution/Withdrawal	() Mark	پر
() Limited Partnership () Reinstatement) Limited Liability Partnersh	() Annual Report () Reservation	() Other () Change of () Fictitious	
Certified Copy	() Photo Copies	() CUS	
() Call When Ready (5) Walk In () Mail Out	() Call if Problem () Will Wait	() After 4:30	
Name Avallability Document Examiner	10/19/98 PLEASE	RETURN EXTRA CO FILE STAMPED THANKS JOEY	OPY(S)

CR2E031 (1-89)

Acknowledgment

W.P. Verifier

Verifler

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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 Camir	o Hotel Manageme	nt Corporation					
words	of corporation: must i or abbreviations of like person or partnership	e import in language	e as will clear	y indicate that i	NY", "CORPO t is a corporati	ORATION", on instead o	or f a
2. New	Hampshire			3. applied f	for	-	
	or country under the la	w of which it is ince	orporated)		EI number, if a	pplicable)	
						,	
4. Septe	mber 30, 1998		5. Perpe	tual	<u></u>		.*
	(Date of incorporat	ion)	(Durat	ion: Year corp.	will cease to e	xist or "perp	etual")
6 <i></i>	Pon Qualificator Date first transacted bu	Un					·
(1	Date first transacted bu	siness in Florida. (S	EE SECTION	NS 607.1501, 60	7.1502, and 8	17.155, F.S.)	0
7. 1100	Linton Blvd., Su	ite C-9, Delra	7 Beach. Fl	33444		- 88	NSE 38
					<u>. </u>	<u> </u>	-
		((urrent mailin	a address)		-	
to en	gage any lawful a			5 uddress)		<u>-0</u>	97.E
Q						~ ~	ST ST
·	Purpose(s) of corporati	on authorized in ho	me state or co	untry to be carr	ied out in the s	tate of Fibria	19 <u>2</u> ≥
							S
9. Name	and street address of	Florida registered	agent: (P.O	Box or Mail I	Orop Box <u>NO</u>	Γ acceptable	2)
N	ame: <u>C T CORPORA</u>	TION SYSTEM					
Office Ad	dress: 1200 South	Pine Island Ro	ad			-	
	Plantation		, Flo	rida, <u>33324</u> (Zip code	<u> </u>		
10. Regis	tered agent acceptanc	te:		(F 1112	-,		
_	0 1						
Having be in this our	en named as registered dication. I hereby accept	agent and to accept :	service of proc	ess for the above	stated corpora	tion at the pla	ace designated
comply wit	h the provisions of all s	tatutes relative to the	regisiereu uge. Proper and ci	u una agree io d Implete performa	ict in inis capac ince of my duti	uy. 1 jurinei es. and I am	' agree to familiar with
and accept	the obligation of my po	sition as registered (igent.		05 115 (41)	co, una 1 un.	junious will
	<u>tonnie</u>	Buyen CONNII	BRYAN	·			
		(Registered ago	nts signature)	SEURETARY			·

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)
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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	70.6.1	
Address:		
Vice Chairman:		
Address:		
Director: Mark Walsh		
Address: 1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444		
Director: Michael Walsh		
Address: 1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	98	DIVIS
- <i>'</i>	OCT	98 98 17
President: Mark Walsh		
Address: 1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444	PH 2:	10 40 V
	<u> </u>	
Vice President: Michael Walsh		
Address: 1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444		 -
Secretary: Thomas Keane		<u> </u>
Address: 1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444		
iddoss Scarce of Special Deach, Fir 53444		
Treasurer:	-	
Address:		
		- ***

N

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Walsh, Vice President

(Typed or printed name and capacity of person signing application)

Addendum

Director Name:

William Walsh

Address:

1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444

- 2. a. Executive Vice President
 - b. Richard C. Ade
 - c. 1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444
 - a. Assistant Secretary
 - b. Richard H. Critchfield
 - c. 1100 Linton Blvd., Suite C-9, Delray Beach, FL 33444

DIVISION OF CAMPANDATIONS

State of New Hampshire Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify CAMINO HOTEL MANAGEMENT CORPORATION is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on September 30, 1998. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.

SECRETARY OF STATE
DIVISION OF THE DATE OF STATE

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 6th day of October, A.D. 1998

William M. Gardner Secretary of State