# MY000005245

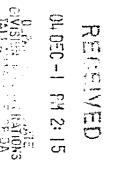
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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J. BRYAN DEC 1 2004



ACCOUNT NO. : 07210000032

REFERENCE: 041367

7407185

AUTHORIZATION

COST LIMIT :

\$ 130.00

ORDER DATE: December 1, 2004

ORDER TIME : 1:11 PM

ORDER NO. : 041367-005

CUSTOMER NO: 7407185

CUSTOMER: Sharon Mathis

Highland Hospitality

Suite 500

8405 Greensboro Drive

Mclean, VA 22102

#### FOREIGN FILINGS

NAME: HHC TRS LC PORTFOLIO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_CERTIFIED COPY \_\_ PLAIN STAMPED COPY\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

3 _ (		FOLIO LLC	TRS LC PORTFO
2036	gn Limited Liabl	(Name of	
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imber, if applicable)	ed liability	law of which foreign	diction under the law any is organized)
	5. P	3	ember 5, 2003
ited liability company will case to	- · <u>-</u>	Organization)	(Date of Or
0.			n Filing
on.)	siness in Florida	(Date first transact	
oility)	508.502 F.S. to d	(See sections 608.50	·
		Drive, Suite	Greensboro D.
		no –	san, VA 22102
	et Address of Pr		2411 113 ZZZVA
; ☑	-managed corr	company is a man	nited liability cor
magers are as follows:	f the managin	al business address	name and usual b
cLean, VA 22102	sboro Drive,	le 6405 Gr	es L. Francis
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Patrick W. Campbell

Typed or printed name of signee

1. The name of the Limited Liability Company is:

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	PORTFOLIO LLC	of the registered agent and office a	rre:
	Corporation Service C	ompany	
		(Name)	AHASS
	1201 Hays Street		田名 子
	Florida Street Ad	dress (P.O. Box <u>NOT</u> acceptable)	3: 11 ORATIO
	Tallahassee	FL 12301	D Z
		City/State/Zip	<u> </u>
liability compa agent and agre relating to the p obligations of n	my at the place designated in t e to act in this capacity. I furt proper and complete performa	to accept service of process for the a his certificate, I hereby accept the ap ther agree to comply with the provisi wice of my duties, and I am familiar It as provided for in Chapter 608, Flo	ppointment as registered ions of all statutes with and accept the

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

## 'Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HHC TRS LC PORTFOLIO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HHC TRS LC PORTFOLIO LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.



Darriet Smith Hindso Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3510326

DATE: 12-01-04

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