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a the second of	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FelCor TRS Holdings, L.L.	
(Name of Lin	nited Liability Company)
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this r	natter to the following:
Elizabeth Cowart	
(Na	ame of Person)
Akin Gump Strauss Hauer	
(Fi	rm/Company)
1700 Pacific Avenue, Suite	e 4100
	(Address)
	•
Dallas, Texas 75201	
(City/S	tate and Zip Code)
For further information concerning this matter, ple	ease call:
Elizabeth Cowart	at (214) 969-2791
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate o	

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TelCor TRS Holdings, L.I	L.C.		
(Name of Foreign Limited Liability	Company; must includ	e "Limited Liability Company," "L.L.C.,	" or "LLC.")
(If name unavailable, enter alternate name a consent of the managers or managing memb Company,""L.L.C.,""LLC.")	dopted for the purpose eers adopting the alterr	e of transacting business in Florida and at nate name. The alternate name must include	tach a copy of the written de "Limited Liability
_{2.} Delaware	3.	75-2916176	
(Jurisdiction under the law of which foreit company is organized)	gn limited liability	(FEI number, if applicab	le)
4. 6/26/2007	5,	Perpetual	<u>-</u>
(Date of Organization)		(Duration: Year limited liability comp exist or "perpetual")	any will cease to
6. N/A			
(Date first trans (See sections 60)	sacted business in Flor 3.501 & 608,502 F.S. (ida, if prior to registration.) to determine penalty liability)	
_{7.} 545 E. John Carpenter F	reeway, Suite	1300	
Irving, Texas 75062			
	(Street Address o	f Principal Office)	
8. If limited liability company is a n	nanager-managed o	company, check here 🗹	
9. The name and usual business add	resses of the mana	ging members or managers are as i	follows:
		r Frwy #1300, Irving, TX	
Jonathan Yellen, 545 E.	John Carpen	ter Frwy #1300, Irving, TX	75062
Andrew Welch, 545 E. J	ohn Carpente	r Frwy #1300, Irving, TX	75062
 Attached is an original certificate of existe the jurisdiction under the law of which it is on translation of the certificate under oath of the t 	garnized. (A photocopy	is not acceptable. If the certificate is in a fo	
11. Nature of business or purposes t	o be conducted or	promoted in Florida: Hotel ow	nership and
activities related thereto.			<u> </u>
	Ma	Matskas	
Signature of a	member or an auti	porized representative of a member	ZAL TAL
		S., the execution of this document constitutes by that the facts stated herein are true.)	2007 DEC SECRET
	ALLISON Typed or printed 1	NAVITSKA-S	IC -3
	i ypca or printed l	name of Signee	77,000

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.

1. The name of t	the Limited Liability Company is:
FelCor TRS	Holdings, L.L.C.
If name unavaila	ble, the alternate name to be used in the state of Florida is:
2. The name and	I the Florida street address of the registered agent and office are:
	CT Corporation System
•	(Name)
_	1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
<u>.</u>	Plantation FL 33324 City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Maria Ozaeta
(Signetare) Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

007 DEC -3 PH I2: 25 SECRETARY OF STATE

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FELCOR TRS HOLDINGS, L.L.C." 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 TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FELCOR TRS HOLDINGS, L.L.C." WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2007.

4378932 8300

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6192775

DATE: 11-28-0