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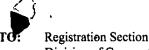


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COVÉR LÉTTER

Registration Section Division of Corporations

SUBJECT:		Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this	s matter to the following:
	Michael Luby	
		Name of Person
	Hotel Companies Corp	
		Firm/Company
	201 Stephenson Ave	
		Address
	Savannah GA 31405	
		City/State and Zip Code
	hotel.mike@ymail.com	
	E-mail addres	ss: (to be used for future annual report notification)
For further in	nformation concerning this matter, p	please call:
Mic	chael Luby	443 655-5066
	Name of Person	Area Code & Daytime Telephone Number
MA	ILING ADDRESS:	STREET ADDRESS:
	ision of Corporations	Division of Corporations
_	istration Section	Registration Section
	. Box 6327	Clifton Building 2661 Executive Center Circle
Tair	ahassee, FL 32314	Tallahassee, FL 32301
	s a check for the following an	
□\$	125.00 Filing Fee \$130.00 F Certificat	Filing Fee & S155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

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:
1. 326 Coy Burgess Road LLC (Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written atte name. The alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3.	(FEI number, if applicable)
company is organized)	
4. February 22, 2013 5.	2014
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	to determine penalty liability)
7. 201 Stephenson Ave	28 28 28 28 28 28 28 29 29 29 29 29 29 29 29
Savannah GA 31405	FPrincipal Office)
(Street Address o	r Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here ☐
9. The name and usual business addresses of the mana	až≟, on
Michael Luby	
	lays old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn	
11. Nature of business or purposes to be conducted or	•
The realization of susmess of purposes to be equilibried of	promotod in Fronta.
	•
Signature of a wember or an auti	horized representative of a member.
(In accordance with section 60%,408(3), F.S., the execu	tion of this document constitutes an affirmation under the
	. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
Michael Luby	

Typed or printed name of signee

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.

	of the Limited Liability Company is:	
If unavailable,	the alternate to be used in the state of Florida is:	
2. The name a	and the Florida street address of the registered agent and of	fice are:
	Michael Luby	21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21.
	(Name)	
	326 Coy Burgess Loop	E SI
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	DeFuniak Springs FL 32433	1 3: 55 57ATE
	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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "326 COY BURGESS ROAD, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2013.



Jeffrey W. Bullock, Secretary of State

5291305 8300

AUTHENTICATION: 0814716