

M14000003839 (2/8)
Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000126228 3)))



H140001262283ABC-

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

File this and
After
Dissolution
H14000126226

RE-SUBMIT

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Original filing
date of submission 5/29

Foreign Limited Liability Company
HC TALLAHASSEE LLC

Certificate of Status	0
Certified Copy	0
Page Count	086
Estimated Charge	\$125.00

8 pages

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TALLAHASSEE, FLORIDA

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Help

J. Bucab JUN 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HC Tallahassee LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bradley D. Kaplan, Esq.
Name of Person

Ulmer & Berne LLP
Firm/Company

600 Vine Street, Suite 2800
Address

Cincinnati, Ohio 45202
City/State and Zip Code

bkaplan@ulmer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Kaplan of (513) 698-5140
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$100.00 Filing Fee, Certificate of Status & Certified Copy



May 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: HC TALLAHASSEE LLC
REF: W14000033559

Please retain original filing
date of submission 5/29

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000074981.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000126228
Letter Number: 914A00011628

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



June 2, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: HC TALLAHASSEE LLC
REF: W14000033559

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000074981.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000126228
Letter Number: 314A00011733

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TALLAHASSEE, FLORIDA

RE-SUBMIT

Please retain original filing
date of submission 5/29



STATE OF INDIANA)

) SS:

COUNTY OF Bartholomew)

AFFIDAVIT

I, Michael Collier, being duly sworn, voluntarily depose and state as follows based upon my own personal knowledge:

1. I am the Manager of HC Tallahassee, LLC (State of Florida Document Number L14000074981).

2. Articles of Dissolution were filed on May 29, 2014 for HC Tallahassee, LLC as the company was mistakenly filed as a Florida limited liability company when it should have been filed as an Indiana limited liability qualified to do business in Florida.

3. HC Tallahassee, LLC has no intention of revoking the dissolution and therefore they release the name "HC Tallahassee, LLC" and "HC Tallahassee LLC" for use to another entity.

I swear that the foregoing is true to the best of my knowledge and belief.

Michael Collier, Manager

SWORN TO BEFORE ME and subscribed in my presence this 3rd day of June, 2014.

Michelle Knight
Notary Public



MICHELLE KNIGHT, Notary Public
Jackson County, State of Indiana
My Commission Expires January 13, 2022

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HC Tallahassee LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 W. Ohio Street, Suite 720

Indianapolis, Indiana 46204

(Street Address of Principal Office)

6. 101 W. Ohio Street, Suite 720

Indianapolis, Indiana 46204

(Mailing Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Hotel Capital, LLC, its Manager

101 West Ohio Street, Suite 720, Indianapolis, IN 46204

Attn: Michael Collier

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Bradley D. Kaplan, Esq., Attorney-In-Fact

Typed or printed name of signer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 the Limited Liability Company is:

HC Tallahassee LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Allen Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

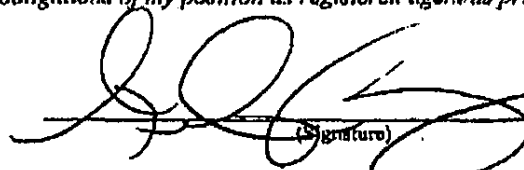
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 605, Florida Statutes.



(Signature)

**Angel Nunez
Assistant Secretary**

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

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

HC TALLAHASSEE LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 10, 2014, and was in existence or authorized to transact business in the State of Indiana on May 27, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

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14 MAY 19 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Seventh Day of May, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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