

# #M15000003557

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150001110463ABCT

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA300000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please retain original  
date of submission 5/6

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
FelCor St. Pete Owner, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	047
Estimated Charge	\$125.00

RE  
15 MAY -7 12:10:00

STATE DEPT OF STATE  
PUBLIC AFFAIRS DIVISION  
2015 MAY -6 AM 8:18  
FILED

Electronic Filing Menu Corporate Filing Menu Help

K. SALY  
EXAMINER  
MAY -8 2015



May 7, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

**\*RE-SUBMIT\***

SUBJECT: FELCOR ST. PETE OWNER, L.L.C.  
REF: W15000032305

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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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000111046  
Letter Number: 115A00009502

15 MAY -7 4:19:00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FelCor St. Pete Owner, L.L.C.**

*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:

Nori Neuner

*Name of Person*

FelCor Lodging Trust Incorporated

*Firm/Company*

545 E. John Carpenter Freeway, Suite 1300

*Address*

Irving, Texas 75062

*City/State and Zip Code*

nneuner@felcor.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Nori Neuner

*Name of Contact Person*

at ( 972 )

*Area Code*

444-4958

*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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. FelCor St. Pcte Owner, L.L.C.  
(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. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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)

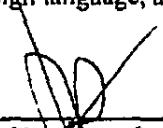
5. 545 E. John Carpenter Freeway, Suite 1300  
Irving, TX 75062  
(Street Address of Principal Office)

6. 545 E. John Carpenter Freeway, Suite 1300  
Irving, TX 75062  
(Mailing Address)

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

<u>Richard A. Smith</u>	<u>Manager</u>	<u>545 E. John Carpenter Freeway, Suite 1300, Irving, TX 75062</u>
<u>Michael C. Hughes</u>	<u>Manager</u>	<u>545 E. John Carpenter Freeway, Suite 1300, Irving, TX 75062</u>
<u>Jonathan H. Yellen</u>	<u>Manager</u>	<u>545 E. John Carpenter Freeway, Suite 1300, Irving, TX 75062</u>

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.)

Jonathan H. Yellen

Typed or printed name of signee

FILED  
MAY -6 AM 8:16  
TALLAHASSEE, FLORIDA

**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:

FelCor St. Pete Owner, L.L.C.

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:


C T Corporation System  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324  
City/State/Zip

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2015 MAY -6 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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.*

C T Corporation System  
By:   
(Signature) M. E. Jones, Asst. Sec'y.

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

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FELCOR ST. PETE OWNER, 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 FIFTH DAY OF MAY, A.D. 2015.

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

5740656 8300

150610573

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2347301

DATE: 05-05-15