

B02 000000 379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

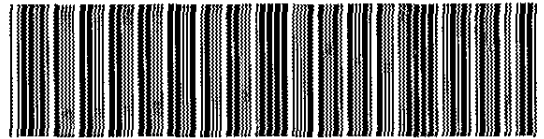
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/22
must

CT CORPORATION

November 21, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5722119 SO
Customer Reference 1: none
Customer Reference 2: .

Dear Secretary of State, Florida:

Please file the attached:

Solomons Beacon Inn Limited Partnership (MD)
Registration
Florida

Solomons Beacon Inn Limited Partnership (MD)
Certificate of Status-Foreign
Florida

File Second!!!!

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA1. Solomons Beacon Inn Limited Partnership
(Name of limited partnership as it is in the home state)2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")3. Maryland 4. May 31, 1985
(State of Formation) (Date of Formation)5. C T Corporation System
(Name of Registered Agent for Service of Process)6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)Plantation, Florida 33324
(City) (Zip Code)7. Acceptance by the Registered Agent for Service of Process:
C T Corporation SystemConnie B...
(Agent must sign on this line)8. 7170 Riverwood Drive
Columbia, MD 21046
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Humphrey Hospitality Limited Partnership 7170 Riverwood Drive, Columbia, MD 2104610. 7170 Riverwood Drive - Columbia MD 21046
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

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12: 7170 Riverwood Drive - Columbia, MD 21046

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 20th day of November, 2002

(See attached sheet)

General Partner

STATE OF Maryland

COUNTY OF Howard

On this 20th day of November, 2002

George R. Whitemore personally appeared before me

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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TALLAHASSEE, FLORIDA

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Patricia Hines
(Notary Public Signature)

PATRICIA HINES
(Notary's Printed Name)

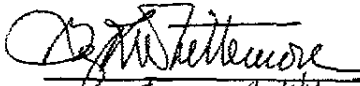
Seal

My Commission Expires: 10-01-03

SOLOMONS BEACON INN LIMITED
PARTNERSHIP, a Maryland limited
partnership

By: Humphrey Hospitality Limited
Partnership, General Partner

By: Humphrey Hospitality REIT
Trust, General Partner

By: 
Name: GEORGE R. WHITTEMORE
Title: PRESIDENT

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____

a general partner of Solomons Beacon Inn Limited Partnership, a (an) Maryland

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 40,625.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 20th day of November, 2002

(See attached sheet)

General Partner

STATE OF Maryland

COUNTY OF Howard

On this 20th day of November, 2002

George R. Whittemore personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Patricia Hines
(Notary Public Signature)

PATRICIA HINES
(Notary's Printed Name)

Seal

My Commission Expires:

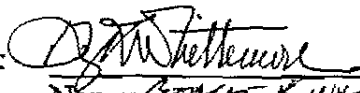
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 TALLAHASSEE, FLORIDA

SOLOMONS BEACON INN LIMITED
PARTNERSHIP, a Maryland limited
partnership

By: Humphrey Hospitality Limited
Partnership, General Partner

By: Humphrey Hospitality REIT
Trust, General Partner

By: 
Name: GEORGE R. WHITTEMORE
Title: PRESIDENT

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