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Florida Department of State  
Division of Corporations  
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Division of Corporations  
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## FLORIDA/FOREIGN LP/LLLP

Archon Hospitality, L.P.

Certificate of Status	0
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Page Count	05
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. Archon Hospitality, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. 12/7/2004

(Date of Formation)

4. CT Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

6. 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 relative to the proper and complete performance of my duties,  
and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By:

Carrie B. [Signature]  
Signature of Registered Agent

SPECIAL ASSIGNMENT

7. \_\_\_\_\_

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 6011 Connection Drive, Irving, TX 75039

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Archon Hospitality Gen-Par, L.L.C.

(Name)

6011 Connection Drive

(Street Address)

Irving, TX 75039

<as above>

(Mailing Address)

N/A

(Name)

(Street Address)

(Mailing Address)

N/A

(Name)

(Street Address)

(Mailing Address)

N/A

(Name)

(Street Address)

(Mailing Address)

(Name)

**(Street Address)**

(Mailing Address)

(Name)

**(Street Address)**

**(Mailing Address)**

11. Effective date, if other than the date of filing: upon the date of filing

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 14 day of February, 20 08

**Signature of a general partner**

By:

Carson Russell III, Vice President of  
Archon Hospitality, GenEer, LLC.,  
General Partner

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCHON HOSPITALITY, L.P." 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 FIRST DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6356032

DATE: 02-01-08