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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08 MAR -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. G. MAR - 5 2008

*Law Office
Of*
RICHARD T. DONATO, P.A.

RICHARD T. DONATO
7700 DAVIE ROAD EXTENSION
HOLLYWOOD, FLORIDA 33024

TELEPHONE (954) 964-0000
FACSIMILE (954) 964-0005
richardtdonato@bellsouth.net

March 3, 2008

Florida Department of State
Attn: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

ATTN: PI PANHANDLE CAPITAL INN L.P.


TO WHOM IT MAY CONCERN:

Pertaining to the above mentioned enclosed please find our trust account check in the amount of \$1,061.25 and the Application to Transact Business in the State of Florida.

After you have filed same, please return to us in the enclosed self addressed overnight envelope.

Thanking you in advance. If you have any questions, please do not hesitate to call.

Sincerely,


Siobhan Hershkowitz
Legal Assistant

/msh
encs

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PI PANHANDLE CAPITAL INN L.P.

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

VIPULA YALAMANCHILI

(Contact Person)

(Firm/Company)

85 RIVER PARK DRIVE

(Address)

MIDWAY, FL 32343

(City, State and Zip Code)

For further information concerning this matter, please call:

VIPULA YALAMANCHILI

(Name of Contact Person)

at (626) 254-9800

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☒ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

FILED

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

08 MAR -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. PI PANHANDLE CAPITAL INN 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. CALIFORNIA

(State or Country of Formation)

3. 11/20/2007

(Date of Formation)

4. VIPULA YALAMANCHILI

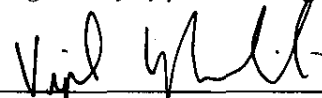
(Name of Registered Agent for Service of Process)

5. 85 RIVER PARK DRIVE

(Florida street address for Registered Agent)

MIDWAY, FL 32343

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.



Signature of Registered Agent

7. 85 RIVER PARK DRIVE

(Principal office address)

MIDWAY, FL 32343

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

9. 85 RIVER PARK DRIVE

(Mailing address)

MIDWAY, FL 32343

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

VIPULA YALAMANCHILI

(Name)

85 RIVER PARK DRIVE

(Street Address)

MIDWAY, FL 32343

85 RIVER PARK DRIVE

(Mailing Address)

MIDWAY, FL 32343

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(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: _____.

(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 29 day of FEBRUARY, 20 08.

Signature of a general partner:

Vincent White

FILED
 08 MAR -4 PM 12:05
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

State of California
Secretary of State

CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED PARTNERSHIP

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **20th day of November, 2007**, **PI PANDLE CAPITAL INN L.P.**, became recognized under the laws of the State of California by filing its certificate of Limited Partnership in this office; and

That according to the records of this office, the said limited partnership is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this limited partnership.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of February 4, 2008.



Debra Bowen

DEBRA BOWEN
Secretary of State