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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 SEP 22 PM 1:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

SEP 24 2009

EXAMINER

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 SEP 22 PM 1:17

1. HORWOOD HOTEL WORKS LP
(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.

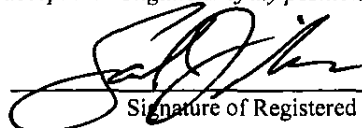
2. DELAWARE 3. SEPTEMBER 10, 2009
State or Country of Formation Date of Formation

4. ARD, SHIRLEY & RUDOLPH, PA
Name of Registered Agent for Service of Process

5. 207 West Park Ave., Suite B
Florida street address for Registered Agent

Tallahassee, FL 32301

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. 21252 US HIGHWAY 19 N.
Principal office address

CLEARWATER, FL 33765

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

9. 21252 US HIGHWAY 19 N
(Mailing address)

CLEARWATER, FL 33765

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

Horwood Hotel Works Inc.
Name

Name

F09000003746

21252 US Highway 19 N
Street Address

Street Address

Clearwater, FL 33765

21252 US Highway 19 N

Mailing Address

Clearwater, FL 33765

Name _____

Name

Street Address

Street Address

Mailing Address

Mailing Address

Name _____

Name

Street Address

Street Address

Mailing Address

Mailing Address

Name _____

Name

Street Address

Street Address

Mailing Address

Mailing Address

_____	_____
Name	Street Address
_____	_____
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Name	Street Address
_____	_____
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_____	Mailing Address
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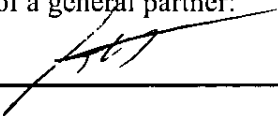
11. Effective date, if other than the date of filing: _____.

(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 21st day of September, 20 09.

Signature of a general partner:



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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORWOOD HOTEL WORKS LP" 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2009.



4729271 8300

090871492


AUTHENTICATION: 7538281

DATE: 09-21-09