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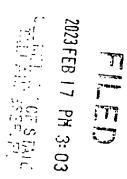
(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations			·	
SUBJECT: MHG CAPE CANAVERAL GI, LP				
Name of Foreign Limited Partner	ership or Lim	ited Liability	Limited Partnership	_ _
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat		ed to register	a foreign limited partners	hip or timited liability limited
JAMES M. COYLE				
Contact Person				
MCKIBBON HOTEL GROUP, INC.				
Firm/Company	-			
402 WASHINGTON STREET, SUITE 200				702
Address				THE TIME
GAINESVILLE, GEORGIA 30501				P 11. 2023 FEB 17
City, State and Zip Code				
ЛМ.COYLE@MCKIBBON.COM				PH OF SERVICE
E-mail address: (to be used for future annual repor	notification)			PH 3: 03
For further information concerning this matter, pleas	e call:			03
JAMES M. COYLE	770	,906-92	284	4
Name of Contact Person		ode and Dayti	me Telephone Number	_
Enclosed is a check for the following amount:				
■\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status		Filing Fees ified Copy	□\$1.061.25 Filing Fee. Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regist Divisi The C	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

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

Acceptable Limited Partnersh	artnership or Limited Liab	pility Limited Partnership, which must incluship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.	
If name unavailable, name u	nder which the limited partn business in Flori	ership or limited liability limited partnership pida; must contain acceptable suffix.	proposes to register to transact
2. GEORGIA		3.02/02/2023	
	ountry of Formation	Date of Formation)n
4. Federal Employer Identif	ication Number: 92-22781	18	
5. Name of Registered Agen JOHN B. MCKIBBON, IV			
5315 AVION PARK DRIVE	SUITE 170		
TAMPA, FL 33607			
6. I hereby accept the appoin of all statutes relative to th my position as registered a	ne proper and complete perfo gent. BMC	nd agree to act in this capacity. I further agree formance of my duties, and I am familiar with a Kibbon AV ture of Registered Agent	e to comply with the provisions and accept the obligations of
7. Principal Office:	<i>y</i> 5.4	8. Mailing Address:	Sich B
402 WASHINGTON ST., SU	JITE 200	402 WASHINGTON ST., SUITE 200	
GAINESVILLE, GA 30501		GAINESVILLE, GA 30501	03
9. If limited partnership is			
10. Name, principal office a	address, and mailing addre McKibbon Hotel Group, Inc.		
	shington St., Suite 200	Street Address:	
Gaines	ville, GA 30501		
Mailing Address: 402 Wa	shington St., Suite 200	Mailing Address:	
Gaines	ville, GA 30501		
Name of General Partner	·	Name of General Partner:	
Street Address:		Street Address:	
Mailing Address:		Mailing Address:	

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's a 12. Attached is a certificate of existence duly authentica	s after the date this document is filed by the Florida Department of State.) e applicable statutory filing requirements, this date will not be listed as the
the law of which it is organized.	
By: Jz	gnature of a general partner
By: Si Si Tone The individual signing this document affirms that the facult submitted in a document to the Department of State con	ignature of a general partner ignature of a general partner icts stated herein are true and the individual is aware that false information istitutes a third degree felony as provided for in s.817:155 I.S. \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2

Control Number: 23031305

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MHG Cape Canaveral GI, LP
a Domestic Limited Partnership

was formed in the jurisdiction stated below or was authorized to transact business in Scorgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawalica statement of commencement of winding up or any other similar document has been filed of is pending with the Secretary of State.

This certificate is issued pursuant to Title-14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 24512258 Date Inc/Auth/Filed : 02/02/2023 Jurisdiction : Georgia Print Date : 02/10/2023

Form Number : 211



Brad Rafforepage

Brad Raffensperger Secretary of State