

CT CORPORATION SYSTEM

# FOI000005419

CORPORATION(S) NAME

192 Turnpike Innkeepers, Inc.

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01 OCT 17 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

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|---|---|---|
| <input type="checkbox"/> Profit                   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input checked="" type="checkbox"/> Foreign qual. | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership      | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                      | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies              |   |   |
| <input type="checkbox"/> Call When Ready          | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In       | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                 |   |   |

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Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/17/01

Order#: 4847441

400004640264--6  
-10/17/01--01078--003  
Ref#: \*\*\*\*\*70.00 \*\*\*\*\*70.00

Amount: \$ \_\_\_\_\_

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

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

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1. 192 Turnpike Innkeepers, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Hampshire 3. applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 12, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1000 Market Street Suite 300 Portsmouth NH 03801  
(Principal office address)  
1000 Market Street Bld. 1, Suite 300 Portsmouth, NH03801  
(Current mailing address)
8. Operation of hotels and hotel related services including but not limited to management  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: CT Corporation System  
1200 South Pine Island Road  
Office Address: Plantation 33324  
(City), Florida (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.*

Kristen Betzger  
(Registered agent's signature)

**KRISTEN BETZGER  
ASSISTANT SECRETARY**

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

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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B. OFFICERS

President: Doug Greene  
Address: 1000 Market Street Bldg. 1 Suite 300  
Portsmouth, NH 03801  
Vice President: David Ackridge  
Address: 1000 Market Street Bldg. 1 Suite 300  
Portsmouth, NH 03801  
Secretary: Thomas M. Keane  
Address: 1000 Market St. Bldg. 1 Suite 202 Portsmouth, NH 03801  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas M. Keane  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. Thomas M. Keane, Secretary  
(Typed or printed name and capacity of person signing application)

State of New Hampshire  
Department of State

CERTIFICATE OF EXISTENCE

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I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that 192 TURNPIKE INNKEEPERS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on JULY 12, 2001. I further certify that all fees required by the Secretary of State's office have been paid and that articles of dissolution have not been filed.

IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 15th day of October A.D. 2001



William M. Gardner  
Secretary of State

