

CT CORPORATION SYSTEM

F02000000421

CORPORATION(S) NAME

Enchanted 192 Innkeepers, Inc.

FILED
02 JAN 25 PM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<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		

RECEIVED
02 JAN 25 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DK

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

1/25/02

Order#: 5062680

300004798359--9

-01/25/02--01058--024

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

1. ENCHANTED 192 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 1/22/02
(Date of incorporation)

5. perpetual

(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 Suite 300 Portsmouth, NH 03801

(Current mailing address)

8. Operation and Management of Hotels and Related Services.

(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

Office Address: 660 East Jefferson Street

Tallahassee

(City)

32301

(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.



**PATRICIA A. CANARIO,
SPECIAL ASSISTANT SECRETARY**

(Registered agent's signature)

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.

FILED
JUN 25 PM 1:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Doug Greene

Address: 1000 Market Street Building One Suite 300
Portsmouth, NH 03801

Vice President: David Ackridge

Address: 1000 Market Street Building One Suite 300
Portsmouth, NH 03801

Secretary: Thomas M. Keane

Address: 1000 Market Street Building One 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)

FILED
JAN 25 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New Hampshire
Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ENCHANTED 192 INNKEEPERS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on January 22, 2002. 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.

FILED
02 JAN 25 PM 11:02
STATE
TALLAHASSEE, FLORIDA

FILED
02 JAN 25 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of January A.D. 2002



William M. Gardner
Secretary of State

