F02000003873

TO: Registration Section Division of Corporations SUBJECT: Good Hospitality Services, Inc. (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation Please return all correspondence concerning this matter to the following: Patrick Lyp (Name of Person) Blachly, Tabor, Bozik & Hartman (Firm/Company) 56 South Washington Street, Suite 401_ (Address) Valparaiso, Indiana 46383 (City/State and Zip code) For further information concerning this matter, please call: Patrick Lyp at (219) 464-1041 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee ₩ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

BLACHLY, TABOR, BOZIK & HARTMAN, LLC

DUANE W. HARTMAN DAVID L. HOLLENBECK THOMAS F. MACKE RANDALL J. ZROMKOSKI RICHARD J. RUPCICH CRAIG R. VAN SCHOUWEN

PATRICK A. LYP JEFFREY S. WRAGE BRADLEY L. BANKS ATTORNEYS AT LAW

SUITE 401_

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TELEPHONE (219) 464-1041

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GLENN J. TABOR JAMES S. BOZIK OF COUNSEL

QUENTIN A. BLACHLY (1934-1997)

FORT WAYNE OFFICE 4656 WEST JEFFERSON, SUITE 120 FORT WAYNE, INDIANA 46804 (260) 459-3288

July 25, 2002

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Attention: Tammi Cline, Document Specialist

Good Hospitality Services, Inc. Re: Reference No. W02000020109

Dear Ms. Cline:

Please find enclosed a signed Application by Foreign Corporation for Authorization to Transact Business in Florida. I also enclose for your review, a copy of the initial application we filed on July 1, 2002.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,

BLACHLY, TABOR, BOZIK & HARTMAN

By:

Patrick Lyp

PL/lp

Enclosure



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 12, 2002

PATRICK LYP 56 SOUTH WASHINGTON STREET, SUITE 401 BLACHLY, TABOR, BOZIK & HARTMAN VALPARAISO, IN 46383

SUBJECT: GOOD HOSPITALITY SERVICES, INC.

Ref. Number: W02000020109

We have received your document for GOOD HOSPITALITY SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 902A00043220

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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. | Good Hospi | tality Services, Inc. | · | | - | | | |
|---------|--|---|------------------------------|---|--|-----------------|--|--|
| | words or abbreviations of | nust include the word "INCORPO of like import in language as will rship if not so contained in the na | clearly indica | ate that it is a corporation instead | MPANY", "CORPORATION" or hat it is a corporation instead of a 35–1942135 (FEI number, if applicable) | | | |
| 2. | Indiana | | 3 | 35-1942135 | | | | |
| ے. | (State or country under the | ne law of which it is incorporated | l) | (FEI number, if applic | able) | | | |
| 4. | 12/24/94 | | 5 | perpetual ation: Year corp. will cease to e | | | | |
| | (Date of inco | orporation) | (Dur | ation: Year corp. will cease to e | xist or "perpetual") | | | |
| 6. | upon qualif | ication | | | | • | | |
| | (Date first transacted bus | siness in Florida. If corporation l | has not transa 7 1501 607 | cted business in Florida, insert " 1502 and 817.155, F.S.) | upon qualification.") | | | |
| | 260 7 11 | • | | | | | | |
| 7. | 360 Indiana | Avenue, Valparaiso, (Principal offi | | 40000 | · · · · · · · · · · · · · · · · · · · | , | | |
| | -4 1. | ` • | • | 7.6383 | | | | |
| | 360 Indiana | Avenue, Valparaiso, (Current maili | ng address) | 40303 | - <u> </u> | | | |
| | | ` | , | | | | | |
| 8. | manage/oper | ate hotel and any otl | her lawfı | ıl activities | | · 🔾 | | |
| ٠. | (Purpose(s) of co | rporation authorized in home stat | te or country | to be carried out in state of Flori | ida) PE | <i>₹</i> 5 | | |
| 9. | . Name and street ad | dress of Florida registered a | gent: (P.O | Box or Mail Drop Box NOT | <u>[acceptable</u> | JUL 29 PHI2: 10 | | |
| | Tof | frey Good | | | HSS | G F | | |
| | 110,110 | | | يب ٠٠٠ | 1,,o | 글 [| | |
| 0 | office Address: 210 | 030 U. S. Highway 19 1 | N • | · | 'S S | $\dot{\Sigma}$ | | |
| | Cle | earwater | 4 | Florida 33765 | | <u> </u> | | |
| | | (City) | | (Zip code) | : <u>-</u> | | | |
| 1 | O. Desistand agentic | occontomoci | | | | | | |
| H | 0. Registered agent's laving been named as | registered agent and to accep | ot service of | process for the above stated | corporation at the | place | | |
| d | esionated in this appli | cation, I hereby accept the ap with the provisions of all sta | ppointment | as registered agent and agre | e to act in this capo | acity. I | | |
| fi d | urther agree to comply uties. and I am famili | with the provisions of all su ar with and accept the obliga | tions of my | ve to the proper and complet position as registered agent. | e perjormance of n | -7 | | |
| • | ····· - ···· · · · · · · · · · · · · · | • | | | | | | |
| | | 01/ 0 | 11 1 | 1 | | | | |
| | | (Ufu, U. | Lood | | SIGN HE | :RE | | |
| | | Megisteredi ag | gent's signatu | re) | | | | |

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:

| Chairman: | ORS Jeffrey Good | • <u>_</u> | | |
|--|---|---------------------------------------|---|---------------------------------------|
| | | | | |
| | Avenue, ya | ilparaiso, <u>I</u> ndian | a 46383 | <u> </u> |
| | | | | · |
| vice Chairmar | | | | _ |
| Address: | · · · · · · · · · · · · · · · · · · · | - Man ar | | * |
| | | | | |
| Director: | | | | |
| Address: | | | - TALA | |
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| | | | | · · · · · · · · · · · · · · · · · · · |
| Address: | | | | <u> </u> |
| | | | | ` |
| B. OFFICER | | | 3.2.25 | |
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| ddrago | 360 Indiana Avenue, Valpa | | 7 - F | · · · · · · · · · · · · · · · · · · · |
| radiess. | Avenue, varpa | araiso, Indiana | 46383 | |
| | | | | <u></u> |
| ice President: _ | | | <u></u> 59 ≤ | 3 |
| ddress: | | | ASSA 2 | |
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| cretary: | | · · · · · · · · · · · · · · · · · · · | | |
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| easurer: | | | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , |
| ldress: | | | 3 <u>5%</u> - | |
| | | | # * *** | |
| OTE: If neces | sary, you may attach an addendum t | to the application listing | additional officers and/or directors. | |
| | Men Hossel | | | 1 |
| v Presid | Signature of Chairman, Vice Chairm | nan, or any officer listed | in number 12 of the application) | |
| rresid | ent and Chairman of Board (Typed or printed name and o | of Directors | | |

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

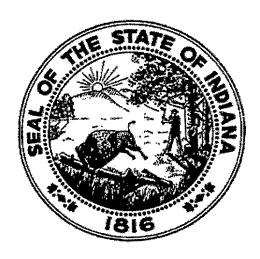
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

GOOD HOSPITALITY SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 12, 1994, and was in existence or authorized to transact business in the State of Indiana on July 1, 2002.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this First day of July, 2002.

SUE ANNE GILROY, Secretary of State

Sue anne Gilray