

F03000005456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

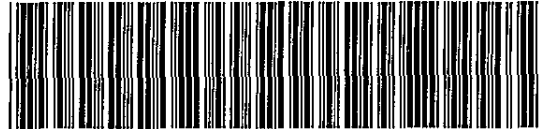
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800023879108

11/03/03--01056--001 \*\*70.00

*Handwritten signature*

RECEIVED  
03 NOV -3 AM 11:27  
TALLAHASSEE, FLORIDA

FILED  
03 NOV -3 PM 3:38  
TALLAHASSEE, FLORIDA

CT CORPORATION

November 3, 2003

03 NOV -3 PM 3:38  
FILED  
CLERK OF THE  
TALLAHASSEE, FLORIDA

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5965762 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

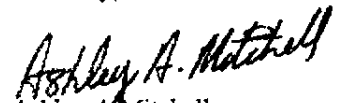
Please file the attached:

South Beach Innkeepers, Inc. (NH)  
Qualification  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

  
Ashley A. Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

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. **SOUTH BEACH INNKEEPERS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NEW HAMPSHIRE**

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

3. **20-0334773**

(FEI number, if applicable)

4. **10/28/03**

(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, BLDG. 1, STE. 300, PORTSMOUTH, NH 03801**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

8. **THE OPERATION AND MANAGEMENT OF HOTELS AND HOTEL 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**

Office Address:

**1200 South Pine Island Rd.**

**Plantation**

(City)

**Florida 33324**

(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.*



(Registered agent's signature)

TRACI HOUCK  
SPECIAL 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: **DOUGLAS GREENE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Vice Chairman: **DAVID AKRIDGE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Director: **DOUGLAS GREENE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Director: **DAVID AKRIDGE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

**B. OFFICERS**

President: **DOUGLAS GREENE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Vice President: **DAVID AKRIDGE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Secretary: **THOMAS M. KEANE**

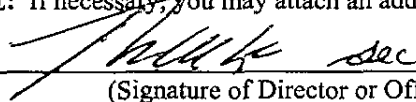
Address: **1000 MARKET STREET, PORTSMOUTH, NH 03801**

Treasurer: **RJ GREENE**

Address: **1000 MARKET STREET, PORTSMOUTH, NH 03801**

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

13.

 sec

(Signature of Director or 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

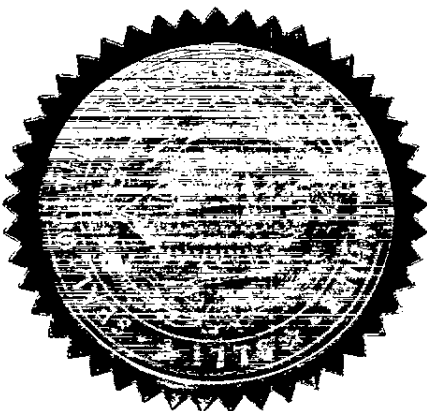
CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SOUTH BEACH INNKEEPERS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on October 28, 2003. 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 28th day of October, A.D. 2003

*William M. Gardner*

William M. Gardner  
Secretary of State



**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. **SOUTH BEACH INNKEEPERS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NEW HAMPSHIRE**

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

3. **20-0334773**

(FEI number, if applicable)

4. **10/28/03**

(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, BLDG. 1, STE. 300, PORTSMOUTH, NH 03801**

(Principal office address)

**SAME AS ABOVE**

(Current mailing address)

8. **THE OPERATION AND MANAGEMENT OF HOTELS AND HOTEL 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**

Office Address:

**1200 South Pine Island Rd.**

**Plantation**

(City)

**Florida 33324**

(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.*



TRACI HOUCK

(Registered agent signature) SPECIAL 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: **DOUGLAS GREENE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Vice Chairman: **DAVID AKRIDGE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Director: **DOUGLAS GREENE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Director: **DAVID AKRIDGE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

**B. OFFICERS**

President: **DOUGLAS GREENE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Vice President: **DAVID AKRIDGE**

Address: **1000 MARKET STREET**

**PORTSMOUTH, NH 03801**

Secretary: **THOMAS M. KEANE**


Address: **1000 MARKET STREET, PORTSMOUTH, NH 03801**

Treasurer: **RJ GREENE**

Address: **1000 MARKET STREET, PORTSMOUTH, NH 03801**

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

13. \_\_\_\_\_



(Signature of Director or Officer listed in number 12 of the application)

14. **THOMAS M. KEANE, SECRETARY**

(Typed or printed name and capacity of person signing application)