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(Dawnstada Nama)
(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:
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 16, 2004

STERI BLACK 460 MCLAWS CIRCLE, SUITE 120 WILLIAMSBURG, VA 23185

SUBJECT: NEWPORT HOSPITALITY GROUP, INC.

Ref. Number: W04000002253

We have received your document for NEWPORT HOSPITALITY GROUP, 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 entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the ... word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 604A00003074

Tammi Cline **Document Specialist**

TRANSMITTAL LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Newport Hospitali (Name of corporation	- must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auto- "Certificate of Existence", and check are submitted to reg transact business in Florida.	uthorization to Transact Business in Florida", ister the above referenced foreign corporation to
Please return all correspondence concerning this matter to	the following:
Sheri L. Black	
(Name of P	
Newport Hospitality C	NO(1)
(Firm/Com	pany)
460 McLaws Circle	Strete 120
Williamsburg, VA	,
(City/State an	33185 d Zip code)
9	
For further information concerning this matter, please cal	1:
Sheri Black at (757) (Name of Person) (Area Co	ode & Daytime Telephone Number)
Registration Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	\$78.75 Filing Fee & Sertified Copy Certificate of Status & Certified Copy

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. (Enter name of corporation; must include "INCORPORATED." "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) (State or country under the law of which it is incorporated) (FEI number, if applicable) will cease to exist or "perpetual" 1101 (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.) (Principal office address (Current mailing address) (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) Office Address: 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.

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.

(Registered agent's signature)

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

, and		
A. DIRE		
Chairman:	William G. Carrey	
Address: _	100 000	
-	Morristown, NJ 01960	
Vice Chair	man:	
Address: _		
_		· _ · _
Director:	Michael LiPleninger	
Address: _	224 Sir Thomas Lunstord Dr.	
_	Williamsburg, VA 23185	<u> </u>
Director:	William G. Carey	<u></u>
Address: _	Van Beuren Rd.	23
_	Morristown, NJ 07960	
B. OFFI	•	ယ္
President:	Michael L. Pleninger	32
Address:		
	William Soura, VA 23185	
Vice Presid	tenti C.D. Frederick Tonzer Tr.	
Address:		
ridaress	LODAWDOO FL 32779	
Secretary:	Midlad) Planiaca	
Address:	Scene -	
_	· · · · · · · · · · · · · · · · · · ·	
Address: _		
NOTE:)	Engagesary, you may attach an addendum to the application listing additional officers and/or dire	ectors.
13.	Weland Dooses	
7	(Signature of Director or Officer listed in number 12 of the application)	
14	Michael L. Pleninger President	

· Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

NEWPORT HOSPITALITY GROUP, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is October 29, 1991.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: January 5, 2004

Joel H. Peck, Clerk of the Commission