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FILED

2004 APR 27 A II

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



500033602655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section  
Division of Corporations

2004 APR 27 A 11:02

SUBJECT: Azalea INN, INC. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(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 to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert Brackett  
(Name of Person)

Azalea INN, INC.  
(Firm/Company)

44 Spanish Street  
(Address)

St. Augustine FL 32084  
(City/State and Zip code)

For further information concerning this matter, please call:

Robert Brackett at (904) 826-0650  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
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.

**FILED**

1. Azalea INN, 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.)

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2. Delaware 3. 01-0665519  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-8-02 5. Perpetual  
(Date of incorporation) (Duration: year corp. will cease to exist or "perpetual")

6. 9/2003  
(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. 44 Spanish Street St. Augustine FL 32084  
(Principal office address)

44 Spanish Street St. Augustine FL 32084  
(Current mailing address)

8. Bed & Breakfast  
(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: Robert Brackett

Office Address: 44 Spanish St.  
St. Augustine, Florida 32084  
(City) (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.*

Robert Brackett

(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.

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

A. DIRECTORS

Chairman: Robert Brackett **FILED**

Address: 44 Spanish St,  
St. Augustine FL 32084 2004 APR 27 A 11:02

Vice Chairman: Sherri Brackett SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: 44 Spanish St,  
St. Augustine FL 32084

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Robert Brackett

Address: 44 Spanish St  
St. Augustine FL 32084

Vice President: Sherri Brackett

Address: 44 Spanish St,  
St. Augustine, FL 32084

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Robert Brackett  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert Brackett - President  
(Typed or printed name and capacity of person signing application)

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AZALEA INN INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF APRIL, A.D. 2004.

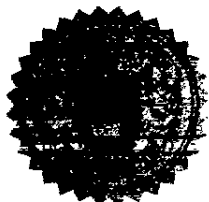
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AZALEA INN INC." WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3510804 8300

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3067063

DATE: 04-22-04