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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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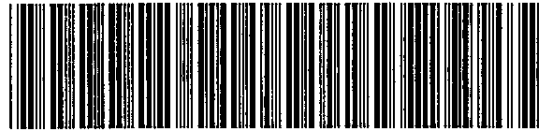
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FD4-2494
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW ORLEANS AIRPORT MOTEL ENTERPRISES, 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 to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Grace Fell Regan

(Name of Person)

Lodgian, Inc.

(Firm/Company)

3445 Peachtree Rd., NE, #700

(Address)

Atlanta, GA 30326

(City/State and Zip code)

For further information concerning this matter, please call:

Grace Regan

(Name of Person)

at (404) 495-2203

(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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

1. NEW ORLEANS AIRPORT MOTEL ENTERPRISES, 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. Louisiana

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

3. 59-1935181

(FEI number, if applicable)

4. August 9, 1979

(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. 3445 Peachtree Rd., NE, Ste. 700 Atlanta, GA 30326

(Principal office address)

3445 Peachtree Rd., NE, Ste. 700 Atlanta, GA 30326

(Current mailing address)

8. General Partner of Florida limited partnership

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

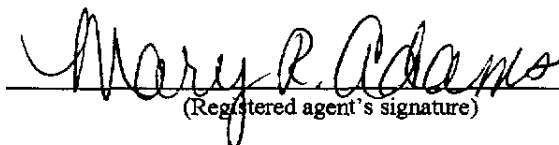
(City)

, Florida 33324-0000

(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)

MARY R. ADAMS
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: Michael Amaral

Address: 3445 Peachtree Rd., NE, Ste. 700

Atlanta, GA 30326

Vice Chairman: Daniel Ellis

Address: 3445 Peachtree Rd., NE, Ste. 700

Atlanta, GA 30326

Director: Clare C. McKenry

Address: 1140 S. Alhambra Circle

Coral Gables FL 33146

Director: _____

Address: _____

B. OFFICERS

President: Michael Amaral

Address: 3445 Peachtree Rd., NE, Ste. 700

Atlanta, GA 30326

Vice President: Daniel Ellis

Address: 3445 Peachtree Rd., NE, Ste. 700

Atlanta, GA 30326

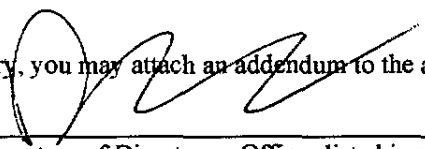
Secretary: Daniel Ellis

Address: 3445 Peachtree Rd., NE, Ste. 700 Atlanta, GA 30326

Treasurer: Manuel Enrique Arttime

Address: 3445 Peachtree Rd., NE, Ste. 700 Atlanta, GA 30326

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. Daniel Ellis, Vice President/Secretary
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

State of Louisiana



Jox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
NEW ORLEANS AIRPORT MOTEL ENTERPRISES, INC.

A LOUISIANA corporation domiciled at BATON ROUGE,

Filed charter and qualified to do business in this State on
August 09, 1979,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*
April 12, 2004

Jox McKeithen
ABA 32720470D

Secretary of State

