# F04000002567

(Re	equestor's Name)				
(Address)					
(Address)					
(Ĉil	y/State/Zip/Phone #	<del>)</del>			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name	<del></del>			
(Do	cument Number)				
Certified Copies	_ Certificates of	Status			
Special Instructions to	Filing Officer:				
		511			
	Office Use Only	WSC			



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#### TRANSMITTAL LETTER

TO:	Registration Section Division of Corporation	S			
SUBJ	ECT: Hospitality Dev	elopment Corpor	ation		
	<del></del>	(Name of corpora	tion - must include suffix)		- <del></del>
Dear S	ir or Madam:				
"Certif			or Authorization to Transa o register the above referer		
Please	return all correspondence	concerning this matt	er to the following:		
Edga	r C. Winkler				
		(Name	of Person)		
Hosp	itality Development C	orporation			
	(Firm/Company)				우
Post	Office Box Number 19	978		A:	3 -
		(Ad	dress)	AS	1
Saras	ota, FL 34276			SEE SEE	
		(City/State	e and Zip code)	1	
For fu	ther information concerni	ng this matter, please	call:	LORÍOA	D: 07
Edgar	Winkler	at (216_	) <b>496-5557</b>		
	(Name of Person)		Code & Daytime Teleph	one Number)	
Registr Divisio 409 E. Tallaha	ET ADDRESS: ration Section on of Corporations Gaines St. assee, FL 32399	vino proprese	MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ons	- -
<i>*</i>		-	578.75 Filing Fee & Certified Copy	\$87.50 Filing I Certificate of Certified Copy	Status &

#### 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.

Hospitality Development Corp	<del></del>
(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)
	34-1823748
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
2 <b>/96</b> 5.	perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
upon qualification	
(Date first transacted business in Florida. If corporation has no	ot transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
P.O. Box 19978 Sarasota, FL 34276	
(Principal office add	iress)
Same	
(Current mailing add	dress) ≥ ω,
	CC 04,
Any legal business	Er S
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)
). Name and <u>street address</u> of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
Name: Edgar Winkler	
Office Address: 2768 Harvest Drive	lū <sub>A</sub>
Sarasota	Plants 24240
(City)	, Florida 34240
(0.13)	(ELF COM)
0. Registered agent's acceptance:	the contract of the state of th
	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I
	relative to the proper and complete performance of my duties
and I am familiar with and accept the obligations of my po	
1	. / /

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:

## A. DIRECTORS Chairman: Edgar C Winkler Address: 2768 Harvest Dr Sarasota, FL Vice Chairman; Address: \_ Director: \_\_\_ Address: **B. OFFICERS** President: Edgar C Winkler Address: 2768 Harvest Dr Sarasota, FL Vice President: Address: \_\_ Secretary: Edgar C. Winkler Address: 2768 Harvest Dr Sarasota, FL Treasurer: Edgar C. Winkler Address: 2768 Harvest Dr Sarasota, FL NOTE: If necessary, you may attach an addeddum to the application listing additional officers and/or directors. 13. \_ (Signature of Director or Officer listed in number 12 of the application) 14. Edgar C. Winkler ITS: President

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

### United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show HOSPITALITY DEVELOPMENT CORP., an Ohio corporation, Charter No. 932536, having its principal location in Solon, County of Cuyahoga, was incorporated on February 08, 1996 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of May, A.D. 2004

Ohio Secretary of State

Validation Number: V2004121M958EE