

F04000002587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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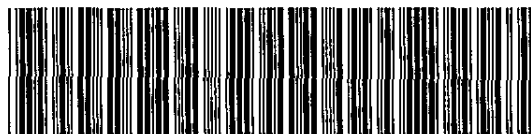
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT CORPORATION

May 11, 2004

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

FILED
04 MAY 11 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6098990 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Soflave 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,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@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. SOFLAVE 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.

(FEI number, if applicable)

4. May 5, 2004
(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 BUSINESS.

(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 System**

Office Address: **1200 S. Pine Island Rd.**

Plantation, Florida **33324**
(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.



(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **DOUGLAS GREENE**

Address: **1000 MARKET STREET, BLDG.1, STE. 300, PORTSMOUTH, NH 03801**

Director: **DAVID AKRIDGE**

Address: **1000 MARKET STREET, BLDG.1, STE. 300, PORTSMOUTH, NH 03801**

B. OFFICERS

President: **DOUGLAS GREENE**

Address: **1000 MARKET STREET, BLDG.1, STE. 300, PORTSMOUTH, NH 03801**

Vice President: **DAVID AKRIDGE**

Address: **1000 MARKET STREET, BLDG.1, STE. 300, PORTSMOUTH, NH 03801**

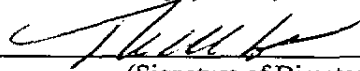
Secretary: **THOMAS M. KEANE**

Address: **1000 MARKET STREET, BLDG.1, STE. 202 PORTSMOUTH, NH 03801**

Treasurer: **DAVID AKRIDGE**

Address: **1000 MARKET STREET, BLDG.1, STE. 300, 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)

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 SOFLAVE INNKEEPERS, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on May 5, 2004. 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 7th day of May, A.D. 2004

William M. Gardner

William M. Gardner
Secretary of State

