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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO:	Registration Division of 0						
SUBJ	ECT:	SUPERTE				GEMENT.	INC
		(Nar	ne of corpor	ation - must i	nclude suffix)		
Dear S	ir or Madam:						
"Certif		cation by Foreign C ence," and check ar Florida.					
Please	return all corr	respondence concer	ning this ma	tter to the fol	lowing:	W	104-4179
D	NOVANC	ADOLPH	HEIME	S	•		
			(Name	e of Person)			
3	SUPERTE	L HOSPIT	HLITY I	MIRNAGI	EMIENT,	INC.	
				/Company)			
	309 NOR	74	STRE	e.T			
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	ORFOLK	_NEBRASK	<u>~</u>	701			
			(City/Sta	ate and Zip co	ode)		_
For fur	ther informati	ion concerning this	matter, plea	se call:		FALL AT	25 著
_Do	NAVON (Name of Pe	HEIMES erson)			aytime Teleph		FILED WAR 14 PH 12: 53
	STREET A				MAILING A		
	Registration				Registration S Division of Co		
	409 E. Gaine	Corporations es St.			P.O. Box 632	•	
	Tallahassee,				Tallahassee, F		
Enclos	ed is a check	for the following ar	nount:				
□ \$70	.00 Filing Fee	e 🙎 \$78.75 Fili Certificate		□ \$78.75 Certifie	Filing Fee & d Copy	S87.50 Fili Certificate Certified (e of Status &



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 15, 2004

DONAVON ADOLPH HEIMES SUPERTEL HOSPITALITY MANAGEMENT, INC. 309 NORTH 5TH STREET NORFOLK, NE 68701

SUBJECT: SUPERTEL HOSPITALITY MANAGEMENT, INC.

Ref. Number: W04000041792

We have received your document for SUPERTEL HOSPITALITY MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6958.

Lee Rivers Document Specialist Letter Number: 704A0006497AR 14 PM 12: 1



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 17, 2004

DONAVON ADOLPH HEIMES SUPERTEL HOSPITALITY MANAGEMENT, INC. 309 NORTH 5TH STREET NORFOLK, NE 68701

SUBJECT: SUPERTEL HOSPITALITY MANAGEMENT, INC.

Ref. Number: W04000041792

We have received your document for SUPERTEL HOSPITALITY MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return 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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 804A00070401

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.

(If name	unavailable in Florida, enter alter	nate corporate name	adopted for the purp	ose of transacting busin	ess in Florida)
1	YARYLAND country under the law of which it	3.	52-	2186988	
(State or c	ountry under the law of which it	is incorporated)	(FE	I number, if applicable)	
	CTOBER 13, 1999	5.		PERPETUAL orp. will cease to exist o	
	(Date of incorporation)		(Duration: Year co	orp. will cease to exist o	r "perpetual")
•	AUGUST 01	2004			
			n Florida, if prior to : 502, F.S., to determin		
2				NEBRASKA	68701
·		(Principal office add	ress)		
		(Current mailing add	lress)		
ć	Don in Nois B		<u> </u>		
. <u>C</u> (Pu	PENING NEW 13 urpose(s) of corporation authorize	d in home state or co	Unitry to be carried of	out in state of Florida)	05
					-1.1
. Name ar	nd street address of Florida reg	-			FILLE SRIARS
Na	ame: NKAISè	mces, Inc	·		
ffice Add	ress: $\frac{NRAIS}{Salaha}$	K Aren	ve		PH 12:
1110011100	-111		~	7701	LOR NTS 12: (2
	/allaha	ity	, Florida>	in code)	#F 53
	(0	ity)	(2	ip code)	1-
	ered agent's acceptance:			r range	
	en named as registered agent in this application, I hereby o				
ırther agr	ee to comply with the provision	ons of all statutes r	elative to the prop	er and complete perfo	ormance of my d
nd I am fa	amiliar with and accept the o	bligations of my po	sition as registered	d agent.	
	NAT Sovices,	Inc.	-		
		\bigcirc			

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.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

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

Chairman:	PAUL	. J.	SCHUL	<u>te</u>			
Address:	904	LOVE	LY LAN	E			
			E 68				
Address:				 	······································		
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Director:							
Address:							
Director:					<u> </u>		
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B. OFFICE	RS	-	•				
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President:			···				
President:			···				os SEC
President:							05 MAR SECRET
President: Address: Vice President:							GRETAR
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President: Address: Vice President:							MAR 14 PM
President: Address: Vice President: Address:							CRETARY OF
President: Address: Vice President: Address: Secretary: Address:							CRETARY OF STAT
President: Address: Vice President: Address: Secretary: Address:							CRETARY OF STAT
President: Address: Vice President: Address: Secretary: Address: FINANCIAL Treasurer:	OFFICER:	Don	IAVON F	арогън Н	EIM GS_		CRETARY OF STATE
President: Address: Vice President: Address: Secretary: Address: FINANCIAL Treasurer:	OFFICER:				EIMES		CRETARY OF STAT
President: Address: Vice President: Address: Secretary: Address: FINANCIAL Treasurer: Address: Address:	OFFICER:	Don R7021	IAVON F ROAD	прогън Н	EIMES NEBRAS	×A	CRETARY OF STATE
President: Address: Vice President: Address: Secretary: Address: FINANCIAL Treasurer: Address: Address:	OFFICER:	DON RTON may attac	IAVON F ROAD	прогън Н	EIMES NEBRAS	×A	ORETARY OF STATE AHASSEE FLORIDA 68601

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SUPERTEL HOSPITALITY MANAGEMENT, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 08, 2005.

Paul B. Anderson Charter Division

Faul B. Under

FILED

05 MAR 14 TH 12: 53

SECRETARY OF STATE
SECRETARY OF STATE



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097