

FD6000004165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Michael Brennan* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *alternate corporate name*  
DATE *6/16/06*  
DOC. EXAM *mes*

Office Use Only



900075360729

06/05/06--01046--004 \*\*87.50

FILED  
06 JUN 14 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MRS  
6/16*

*1006-25876*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Hospitality Investment, 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:

Michael R. Brennan

(Name of Person)

Leslie Robert Evans & Associates, P.A.

(Firm/Company)

214 Brazilian Avenue, Suite 200

(Address)

Palm Beach, Florida 33480

(City/State and Zip code)

For further information concerning this matter, please call:

Michael R. Brennan

(Name of Person)

at ( 561 ) 832-8288 ext. 19

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2006

MICHAEL R BRENNAN  
LESLIE ROBERT EVANS & ASSOCIATES, P.A.  
214 BRAZILIAN AVENUE, SUITE 200  
PALM BEACH, FL 33480

SUBJECT: HOSPITALITY INVESTMENT, INC.  
Ref. Number: W06000025876

We have received your document for HOSPITALITY INVESTMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with 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) 245-6879.

Ruby Dunlap  
Regulatory Specialist

Letter Number: 306A00039083

*rec'd  
6/14/06*

# 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. HOSPITALITY INVESTMENT, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

HOSPITALITY INVESTMENT OF PALM BEACH, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. SOUTH CAROLINA

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

3. 58-2411737

(FEI number, if applicable)

4. August 7, 1998

(Date of incorporation)

5. \_\_\_\_\_

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9670 Shepard Place, Wellington, Florida 33414

(Principal office address)

9670 Shepard Place, Wellington, Florida 33414

(Current mailing address)

8. Hotel

(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 NOT acceptable)

Name: Michael R. Brennan

Office Address: 214 Brazilian Avenue, Suite 200

Palm Beach

(City)

, Florida 33480

(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)

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.

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06 JUN 14 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: Kiran K PatelAddress: 9670 Shepard PlaceWellington, Florida 33414

Vice President: \_\_\_\_\_

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

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

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

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

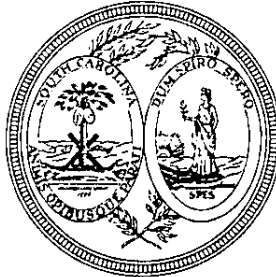
Address: \_\_\_\_\_  
\_\_\_\_\_**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Kiran K Patel

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

# *The State of South Carolina*



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06 JUN 14 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

HOSPITALITY INVESTMENT, INC.,  
a corporation duly organized under the laws of the State of South Carolina on August 7th, 1998, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
11th day of May, 2006.

*Mark Hammond*

Mark Hammond, Secretary of State