

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax sudit number (shown below) on the top and bottom of all pages of the document.

(((H07000036058 3)))



H070000360583ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Ocala Innkeepers, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 01/04 CT CORP 92555281E 05\08\500\ 12:13 02/08/2007 12:13 16174280922

CT CORP

O7 FEB -8 AH 11: 55
SERBITOTRANSACT

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSA 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.

New Hampshire State or country under the law of which it is incorporated) January 31, 2007 (Date of incorporation) Upon qualification	ame adopted for the purpose of transacting business in Florida) 3. (FEt number, if applicable) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
New Hampshire State or country under the law of which it is incorporated) January 31, 2007 (Date of incorporation) Upon qualification	3. (FEI number, if applicable)
New Hampshire State or country under the law of which it is incorporated) January 31, 2007 (Date of incorporation) Upon qualification	3. (FEI number, if applicable)
State or country under the law of which it is incorporated) January 31, 2007 (Date of incorporation) Upon qualification	Darra a firmi
(Date of incorporation) Upon qualification	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) Upon qualification	(Duration: Year corp. will cause to exist or "perpetual")
Upon qualification	
(Date first transacted busine (SEE SECTIONS 607.1591 & 60	ess in Florida, if prior to registration) 97.1502, F.S., to determine penalty liability)
000 Market St., Bldg. 1, Ste. 202, F	Portsmouth, NH, 03801
(Principal office	address)
	en e
(Cunta mailing	address)
The accession and approximately	
The operation and management of the (Purpose(s) of corporation authorized in home state of the corporation and the corporation authorized in home state of the corporation and the corporation authorized in home state of the corporation and the corporation authorized in home state of the corporation and the corporation authorized in home state of the corporation authorized	
•	·
Name and street address of Florida registered agent: ((P.O. Box NOT acceptable)
Name: CT Corporation S	listem.
ce Address: 1200 South Pine Islan	d RMd
CE MODIESE: (CRANCIARY TITLE TOTAL	MANAGAMA AND AND AND AND AND AND AND AND AND AN
<u> Ylantation</u>	
(City)	(Zip code)
Registered agent's acceptance: ing been named as registered agent and to accept so	ervice of process for the above stated corporation at the pla
gnated in this application, I hereby accept the appui	intment as registered agent and agree to act in this capacity
her agree to comply with the provisions of all statum I am familiar with and accept the obligations of my	es relative to the proper and complete performance of my d position as registered agent.
	TRACI HOUCK
f	SPECIAL ASSISTANT SECRETARY
(Registered agent's signatu	ure)

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.

A	>
0>	PAGE 04/05
MECAN TO	
ALEGANASSE, OF	14/1:55
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	٠ ١٩ _{٧٤} : ۲

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: David Akridge
12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Address: 1000 Market St., Bldg. 1, Ste. 300, Portsmouth, NH, 03801
Vice Chairman: R.J. Greene
Address: 1000 Market St., Bldg. 1, Ste. 300, Portsmouth, NH, 03801
Director:
Address:
Director:
Address:
B. OFFICERS President: David Akridge
Address: 1000 Market St., Bldg. 1, Ste. 300, Portsmouth, NH, 03801
Vice President: R.J. Greene
Address: 1000 Market St., Bldg. 1, Ste. 300, Portsmouth, NH, 03801
Secretary: Thomas M. Keane
Address: 1000 Market St., Bidg. 1, Ste. 202, Portsmouth, NH, 03801
Treasurer: David Akridge
Address: 1000 Market St., Bldg. 1, Ste. 300, Portsmouth, NH, 03801
NOTE: If necessary, your thay attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application) Thomas M. Koane, Secretary

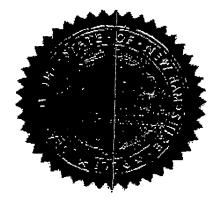
(Typed or printed name and capacity of person signing application)

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Ocala Innkeepers, Inc. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on January 31, 2007. 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 February, A.D. 2007

William M. Gardner Secretary of State