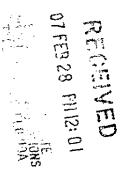
F07000001155

(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

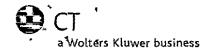


02/28/07--01030--015 **70.00



MOTFEB 28 AM 11: 24
SECRETARY OF STATE

Office Use Only



T

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

February 28, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6860463 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

MMH Hospitality Corporation (MD) Qualification The Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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. MMH Ho	spitality Corporation	<u> </u>		
	orporation; must include "INCOR orp," "Inc," "Co," or "Corp.")	PORATED," "CO	MPANY," "CORPORATION,"	
•				
(If name unavail	able in Florida, enter alternate con	porate name adopt	ed for the purpose of transacting b	usiness in Florida)
2. <u> </u>	and under the law of which it is incorp	3		
(State or country	under the law of which it is incorp	porated)	(FEI number, if applical	ble)
		5. <u>Pe</u> i		
(Date	of incorporation)	(Dur	ation: Year corp. will cease to exi	ist or "perpetual")
6. <u>Februa</u>	ary 1, 2007			
			da, if prior to registration) S., to determine penalty liability)	
7 7501 6				
7	<u>Greenway Center Drive.</u> (Principa	pal office address)	Greenbert, MD 20770	
7501 0	Greenway Center Drive,	Suite 400	Greenhelt MD 20770	
		t mailing address)	Or conserve in the second	ं चं
8. <u>furnis</u>	shing employees for ho	tel operation	ns CEL :	
(ruipose(s	s) of corporation authorized in hon	tie state of country	to be carried out in state of riorida	1)
). Name and stree	et address of Florida registered	agent: (P.O. Box	NOT acceptable)	7., 2
Name:	CT Corporation Syst	.em		
Office Address:	1200 South Pine Isl	and Pond		RET/
Jinee Address.	1744 BORFIE LINE TRE		· / · · · · · · · · · · · · · · · · · ·	28 ARY SSE
	Plantation (City)	-	, Florida 33234 (Zip code)	
	(City)		(Zip code)	
	gent's acceptance:			RIO 22
	ed as registered agent and to a application, I hereby accept the			
further agree to c	omply with the provisions of a	ill statutes relativ	e to the proper and complete p	
ana 1 am familiar	with and accept the obligation	ns of my position	as registered agent.	
	$m \cdot ni/$	′ /	Mark Brinkman Vice President and Assistant Secretary	
,	1'/al/1/3/	m	406 t todinent min bootstalf oppicial i	
~	(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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Address: ____ Vice Chairman: _____ Address: Director: Catherine H. Songster (sole director) Address: 7501 Greenway Center Drive, Suite 400 Greenbelt, MD 20770 **B. OFFICERS** President: Catherine 4. Songster Address: 7501 Greenway Center Drive, Suite 400 Greenbelt, MD 20770 Vice President: Address: ____ Secretary: Catherine H. Songster Address: 7501 Greenway Center Drive, Suite 400, Greenbelt, MD 20770 Treasurer: Catherine J. Songster Address: 7501 Greenway Center Drive, Suite 400, Greenbelt, MD 20770 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

Catherine H. Songster, President

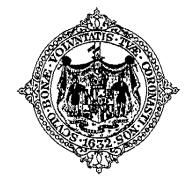
STATE OF MARYLAND Department of Assessments and Taxation

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 MMH HOSPITALITY CORPORATION 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 01, 2007.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

0004370701

CRTGST