For 000001316

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| (Document Names) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

J. STREETS HAR O 9 ZOOT

COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|---|--------------|---|--|
| SUBJECT: Stafford Hospitality | , Inc. | | |
| | | - must include suffix) | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corpora "Certificate of Existence," and check are subm transact business in Florida. | | | |
| Please return all correspondence concerning the | is matter to | the following: | |
| Rhonda Kent | | | |
| (| Name of P | erson) | |
| Stafford Development Comp | | | |
| ` | Firm/Com | pany) | • . |
| P.O. Box 269 | · | <u>.</u> | |
| Tifton, GA 31793 | (Addres | ss) | H 17 MAR SECRE ALLAH |
| (Cit | ty/State an | d Zip code) | -8 1588 |
| For further information concerning this matter, | please cal | i: | PM 1:01 OF STATE |
| Rhonda Kent at (| 229 | 386-0552 | A |
| (Name of Person) | (Area Co | ode & Daytime Telephon | e Number) |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | MAILING ADI New Filing Secti Division of Corp P.O. Box 6327 Tallahassee, FL | on orations |
| Enclosed is a check for the following amount: | | | |
| \$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta | | 678.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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 unavail | able in Florida, enter alternate corporate na | ıme | adopted for the purpose of transacting busin | ness in Fk | rida) | |
|---|---|----------------------|---|---|-----------|-----|
| _{2.} Georgia | | 3. | 58-2576318 | | | |
| | under the law of which it is incorporated) | - | (FEI number, if applicable) |) | | |
| 4. October | 10, 2000 | 5. | Perpetual | | | |
| (Date | of incorporation) | • | (Duration: Year corp. will cease to exist o | or "perpet | ual") | |
| 5 | | | | | | - |
| | | | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | | |
| , 1805 U.S | . Hwy. 82 West, Tifton, | | | | | _ |
| ``, | | | | | | |
| | (Principal office | add | | | | |
| P.O. Box | (Principal office 269, Tifton, GA 31793 | add | | | | |
| P.O. Box | | | ress) | | | |
| | 269, Tifton, GA 31793 | | ress) | SE TALI | 07 | • |
| _{8.} Hotel Ma | 269, Tifton, GA 31793 (Current mailing | add | ress) | SEDRE TALLAH | 07 MAR | |
| 8. Hotel Ma | 269, Tifton, GA 31793 (Current mailing | add | ress) ress) ountry to be carried out in state of Florida) | SECRETAR TALLAHASS | 07 MAR -8 | · — |
| 8. Hotel Ma | 269, Tifton, GA 31793 (Current mailing magement) (Current mailing magement) (Current mailing magement) | add or co | ress) ress) ountry to be carried out in state of Florida) | SECRETARY OF TALLAHASSEE. | 8 - | - T |
| 8. Hotel Ma (Purpose(: 9. Name and stree Name; | 269, Tifton, GA 31793 (Current mailing magement) (S) of corporation authorized in home state at address of Florida registered agent: | add or co (P.C | ress) Duntry to be carried out in state of Florida) D. Box NOT acceptable) | SEDRETARY OF STA | -8 PM | |
| 8. Hotel Ma (Purpose) 9. Name and stre | 269, Tifton, GA 31793 (Current mailing magement) (S) of corporation authorized in home state et address of Florida registered agent: CT Corporation System | add or co (P.C | ress) Duntry to be carried out in state of Florida) D. Box NOT acceptable) | SECRETARY OF STATE TALLAHASSEE, FLORIDA | 8 - | |

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.

DALE W MORRIS
ASSISTANT VICE PRESIDENT
(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 Chairman: DeNean Stafford Address: 1805 US Hwy 82 West, Tifton, GA 31793 Vice Chairman: Director: T. Stephen Edwards Address: 1805 US Hwy 82 West, Tifton, GA 31793 Director: Frank J. Jones, Jr. Address: 1805 US Hwy 82 West, Tifton, GA 31793 B. OFFICERS President: Greg Brosius Address: 1805 US Hwy 82 West, Tifton, GA 31793 Vice President: T. Stephen Edwards & Frank J. Jones, Jr. Address: 1805 US Hwy 82 West, Tifton, GA 31793 Secretary: Russell A. Underwood Address: 1805 US Hwy 82 West, Tifton, GA 31793 Treasurer: Address: 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) 14, T. Stephen Edwards, VP

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

Control No. 0045618

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STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

STAFFORD HOSPITALITY INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 10/16/2000 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of March, 2007

Karen C Handel Secretary of State

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Certification Number: 888366-1 Reference: SHI

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp