F01000006099

(Requestor's Name)		
(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:		
• ,		





100113018181

12/13/07--01040--003 **70.00

07 DEC 14 PM 12:44

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Hospitality Manageme	nt, Inc.		
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida.			
Please return all correspondence concerning this matte	er to the following:		
Lori Kasowski			
(Name o	of Person)		
Tharaldson Companies			
(Firm/C	ompany)		
1201 Page Drive			
	dress)		
Fargo, ND 58103			
(City/State	and Zip code)		
For further information concerning this matter, please	call:		
Lori Kasowski at (701	, 235-1167		
	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 \$\bigcup \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

ı. Hospitali	ity Management, Inc.			
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		,
Nor-		itality Manageme		م
(If name unavails	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting bus	siness in Florida)	•
2. North Da	ıkota	3 20-8080767		
(State or country	under the law of which it is incorporated)	(FEI number, if applicabl	e)	•
4. December	er 19, 2006	_{5.} perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	•
_{6.} January	1, 2007			
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		,
, 1202 We	strac Drive, Fargo, ND			
· ·	(Principal office a			,
	(Current mailing a	ddress)	ij.	
pavroll m	nanagement company		07 _L	
		country to be carried out in state of Florida)		
Name and stree	t address of Florida registered agent: (F	O Roy NOT accentable)	ARY ARY	in section to the
		•		g G
Name: '	CT Corporation Syste	<u>m. </u>	FL	
Office Address:	1200 South Pine Islan	d Road	PM 12:144 OF STATE E. FLORID,	
	Plantation	, Florida 33324	DH &	
	(City)	(Zip code)		
0. Registered ag	ent'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.

> Michele Miller **Assistant Secretary**

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.

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

State of North Dakota SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

HOSPITALITY MANAGEMENT, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that HOSPITALITY MANAGEMENT, INC., a North Dakota BUSINESS CORPORATION, was incorporated in this office on December 19, 2006 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

HOSPITALITY MANAGEMENT, INC.

Issued: November 23, 2007

Alvin A. Jaeger Secretary of State