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# Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Apple Nine Hospitality Management, Inc.

Certificate of Status	0
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#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN DE	COMPLIANCE WITH SECTION 607.1503, FLORIDA	15	TATUTES, THE FOLLOWING IS SUBMITT	ED TO	2
ne l.	GISTER A FOREIGN CORPORATION TO TRANSAC Apple Nine Hospitality Management, Inc.	T	BUSINESS IN THE STATE OF FLORIDA.		
	(Bnter name of corporation; must include "INCORPORAT: "Inc.," "Co.," "Corp." "Inc," "Co.," or "Corp.")	ΞD,	," "COMPANY," "CORPORATION,"	- 0F STATE	7 19 47 -
1	(If name unavailable in Florida, enter alternate corporate na			Flori	daý
2.	Virginia	3.	26-1379494		
(	State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4.	(1/8/2007	5.	perpetual		
	(Date of incorporation)		(Duration: Year corp. will cease to exist or "pe	tbetna	<u>l")</u>
б.	upon registration				
· · -	(SEE SECTIONS 607.1501 & 607.1501		502, F.S., to determine penalty liability)	<del></del> -	
_	(Current mailing	add	resa)		
8.	easing of hotols				
•	(Purpose(s) of corporation authorized in home state of	r cc	ountry to be carried out in state of Florida)		_
9. 1	Name and <u>street address</u> of Florida registered agent: (	P.Ç	D. Box <u>NOT acceptable</u> )		
	Name: C T Corporation System		·		
Off	ice Address: 1200 South Pine Island Road				
	Plantation		, Florida33324		
	(City)		(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.

By: CT Corporation System
CONNTE SPECIAL ASSISTANT
(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: \*see attached listing\* Address: Vice Chairman: \_\_\_\_ Address: \_ Director: Address: \_\_\_\_ Director: Address: \_ **B. OFFICERS** President: \_\_\_\_ Address: \_\_\_\_ Vice President: Address: \_ Secretary: \_ Address: \_\_ 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. David P. Buckley, Vice President

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

### Apple Nine Hospitality Management, Inc., a Virginia corporation

The address for all individuals below is: 814 East Main Street Richmond, VA 23219

#### Sole Director:

Justin G. Knight

#### Officers:

Name Title

Justin G. Knight President, Chief Executive Officer, and Chairman of the Board

David S. McKenney Vice President, Treasurer

David P. Buckley Vice President, Secretary

Kristian M. Gathright Vice President

Bryan Peery Vice President, Assistant Secretary

Amy Kramer Assistant Secretary

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# State Corporation Commission

#### I Certify the Following from the Records of the Commission:

Apple Nine Hospitality Management, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is November 08, 2007.

Nothing more is hereby certified.

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Signed and Sealed at Richmond on this Date: October 17, 2008

Joel H. Peck, Clerk of the Commission