Division of Corporations



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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6381

From:

TO:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 A JUN IT AN IO:

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION East Coast Hospitality Company

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu



Help

6/17/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT:

EAST COAST HOSPITALITY COMPANY

Name of corporation - must include suffix

Dear Sir or Madam;

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Cortificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Donna Mix				
	Firm/Company				
	621 Capitol Mall, S	ulte 1900			
••••••••••••••••••••••••••••••••••••••	A	ddress			
	Sacramento, CA	6814			
	City/Sto donna.mix@britanniap	ate and Zip code aclfic.com			
	E-mail address: (to be u	sed for future annual report r	otification)	- <u>2</u> 2 - 2	
For further information co	ncerning this matter, plot	ise call:		JUN NUC	
Mary E. Handel	916 at (263-0222			
Name of Person		rea Cods & Daytime Teleph	one Number		
				0	£2
STREET/COUR New Filing Section Division of Corpo Clifton Building 2661 Executive Ca	n rations	MAILING A New Filing Se Division of Co P.O. Box 6327	ction prorations	Yim Lo	
Tallahassee, FL 3		Tallahassee, F	12314		
Enclosed is a check for the	following amount:				
570.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	578.75 Filing Fee & Certified Copy	Certificate of Statu Certificate of Statu Certified Copy		

PLUIS - CHULTON I C T Kysma Onibu

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. EAST COAST HOSPITALITY COMPANY

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co." or "Corp.")

ECH COMPANY

Delaware		3.	45-2488956	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	-
May 27, 20	011	5.	perpetual	
(Dati	ef incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-
NA				-
			1 Florida, if prior to registration) 102, P.S., to determine penalty liability)	
621 Capit	ol Mail, Suite 1900, Secremento, CA 9	581	4	
	(Principal office	addı	rcss)	
621 Capl	tol Mail, Suite 1900, Secremento, CA 9	581	4	د. مراجع
	. (Current malling	ndd	rtss)	6.
An emplo	wment company for the hospitality busi	10 8	G	
(Purpose(s) of corporation authorized in home state t	or co	untry to be carried out in state of Florida)	
Name and stre	et address of Florida registered agent: ((P.Q). Box <u>NOT</u> acceptable)	20 20 20
Name:	C T Corporation System			
iffice Address:	1200 South Pine Island Road			
	Plantation	.—	, Florida	
	(City)		(Zip code)	

10. Registered sgent'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.

Janet Gerkin C T Corporation System net Borkin Special Asst. Secretary By: (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.

RUDH-0001/2011 CT System Delive

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS	1	
Chairman;		
Address:		
Vice Chalman:		
Adáress:	e	
Director: Eva H. Hill		
Address:621 Capitol Mall, Suite 1900, Sacramento, CA 95814		
·····		
Director:		
Address:		
B. OFFICERS		
President: Eva H. Hill	<u>212</u>	NU
Address:621 Capitol Mall, Suite 1900, Sacramento, CA 95814		1
		17
Vice President: Marianne Soin		ü
Address: 621 Capitol Mail, Suite 1900, Sacramento, CA 95814	100 10 10 10 10 10 10 10 10 10 10 10 10	<u></u>
Secretary: Marianne Soin		
Address: 621 Capitol Mail, Sulte 1900, Sacramento, CA 95814		
Treasuror: Eva H. Hill		
Address: 621 Capitol Mail, Suite 1900, Sacramento, CA 95814		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13. Maudru In		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated are true and that he or she is aware that false information submitted in a document to the Department of State con third degree folony us provided for in s.817.155, F.S.		
14. Marlanne Soin, Vice President and Secretary		

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAST COAST BOSPITALITY COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

10: 10:



etary of State 8840637 AUTHENT TION:

DATE: 06-16-11

4939142 8300

110732727 You may verify this certificate online at corp. delaware.gov/suthvmr.shtml