## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H14000117191 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

CT CORPORATION SYSTEM OF THE CONTRACT OF THE C

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368 Cale of submission 5/16

\*\*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 Schulte Hospitality Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0,8 6
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

5/16/2014

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

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SCHULTE HOSPITALITY GROUP, INC.
Name of corporation - must include suffix
Dear Sir or Medam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate 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:
Name of Person
SCHULTE HOSPITALITY GROUP, INC.
Firm/Company
Address
City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ( )
Name of Person Area 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy

850-617-6381

5/19/2014 2:17:49 PM PAGE 1/001 Fax Server



May 19, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SCHULTE HOSPITALITY GROUP, INC.

REF: W14000031483

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's pariod of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain both the street address of the principal office and the mailing address of the entity.

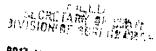
The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H14000117191 Letter Number: 614A00010754

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2874 MAY 16 AM 11: 30

## 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.

, SCHULTE HO	SPITALITY GROUP, INC.		
	orporation; must include "INCORPORATI lorp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"
110., Co., C	orp, and co. a corp. y		•
(If pame unavail	able in Florida, enter alternate corporate na	270	adopted for the purpose of transacting business in Florida)
tliinois		3.	37-1392767
	under the law of which it is incorporated)	•	(PBI number, if applicable)
January 6, 200	00	5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
			Florids, if prior to registration)
	•		502, F.S., to determine peralty liability)
2120 High Wick	ham Place, Suite 200, Louisville, KY 4		
	(Principal office		
2120 Hig	h wicknam Place, Suite	20	0, Louisville, KY 40245
	(Current mailing	addı	rass)
Temporation of	any and all lawful purposes for which c	c in A	erations may be incompreted
(Purpose(i	) of corporation authorized in home state of	T GO	unity to be carried out in state of Piotica)
	t address of Florida registered agent:	P.C	), Box NOT acceptable)
Name and street		•	
Name and stree	CT Corporation System	•	<u></u>
Name;		_	
Name;	C T Corporation System 1200 South Pine Island Road		
•	C T Corporation System		, Florida

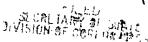
10. Registered agent's acceptance:

Having been named as registered agant 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.

Rogistared agent's signature)

Kristin Bolden
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.



2874 MAY 16 AM 11: 30

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Darryl Schuite
Address: 2120 High Wickham Place, Suite 200
Louisville, KY 40245
Vice Chairman:
Address:
Director: Ray Schulte
Address: 2120 High Wickham Piace, Suite 200
Louisville, KY 40245
Director:
Address:
B. OFFICERS
President: Darryl Schulle
Address: 2120 High Wickham Place, Suite 200
Lautsville, KY 40245
COO Ray Schulte
Address: 2120 High Wickham Place, Suite 200
Louisville, KY 40248
Secretary; Susan Schuite
Address: 2120 High Wickham Place, Suite 200, Louisville, KY 40245
Croasurer:
\ddress;
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
3.
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 herein the true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in a.817.155, F.S.
4. Derryl Schulfs, Jr., President
(Typed or printed name and capacity of person algning application)

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File Number

6084-945-5



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SCHULTE HOSPITALITY GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 06, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1413801518
Authenticate at: http://www.cyberdrivetilinois.com

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this 16TH

day of

MAY

A.D.

2014

Desse White

SECRETARY OF STATE