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(((H200000616143)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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Ema	11	Addr	622:

FOREIGN PROFIT/NONPROFIT CORPORATION

Superior Hotel Management Corporation

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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.

	danagement Corporation separation; must include "INCORPORATI	וו דג פלעוטלעי יי ישע גמגגלע עי " נכו	DAY !!	
	orp," "luc," "Co," or "Corp.")	ео, сомелет, сокрождал	۱۳.	
	,, p.			
(If name snavails	able in Florida, enter alternate corporate na	ame adopted for the purpose of transac	ting business in Florida)	
Delaware		3, 043149332		
(State or countr	y under the law of which it is incorporated		upplicable)	
1/21/92		5.		
(Date	of incorporation)	(Date of duration, if oth	(Date of duration, if other than perpenual)	
1/1/20				
		ess in Florida, if prior to registration)		
	(SEE SECTIONS 607,1501 & 60	17.1502, F.S., to determine penalty liab	ility)	
1209 Orange St.,	Wilmington, DE 19801			
	(Pr	incipal office address)		
	(Curent n	usiling address, if different)	70 00	
		•	200 200 200 200 200 200 200 200 200 200	
Name and street	et address of Florida registered agent;	•	2921 FG	
		•	2921 FG9 2	
Name:	et address of Florida registered agent;	•	2921 FEB 2.5	
Name:	ct address of Florida registered agent: C T Corporation System 1200 South Pine Island Road	•	25	
Name:	et address of Florida registered agent: C T Corporation System	(P.O. Box NOT acceptable) 33324	25 A	
Name:	ct address of Florida registered agent: C T Corporation System 1200 South Pine Island Road	(P.O. Box NOT acceptable)	25 A S	
Name:	C T Corporation System 1200 South Pine Island Road Plantation, (City)	(P.O. Box NOT acceptable) 33324	25 A	
Name: Office Address: Registered ag	et address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: sed as registered agent and to accept a	(P.O. Box NOT acceptable) , Florida 33324(Zip code) tervice of process for the above sta	25 A 9 #9 sed corporation at the	
Name: Office Address: Registered ages laving been names	et address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: sed as registered agent and to accept a complication, I hereby accept the appo	(P.O. Box NOT acceptable) , Florida 33324, Florida (Zip code) tervice of process for the above sta	25 A P P P P P P P P P P P P P P P P P P	
Name: Office Address: Registered aglaving been namesignated in this	et address of Florida registered agent: C T Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: ted as registered agent and to accept as application, I hereby accept the appointment with the provisions of all status	(P.O. Box NOT acceptable) 33324 Florida (Zip code) tervice of process for the above starting the starting term of the proper and complete relative to the proper and complete relative to the proper and comp	led corporation at the gree to act in this cap older performance of i	
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Name: Office Address: Registered aglaving been namesignated in this	CT Corporation System 1200 South Pine Island Road Plantation, (City) ent's acceptance: in a presistered agent and to accept a application, I hereby accept the appointment of the provisions of all status familiar with and accept the obligation. CT Corporation 5	(P.O. Box NOT acceptable) 33324 , Florida (Zip code) service of process for the above stationsment as registered agent and a tes relative to the proper and compass of my position as registered agent	led corporation at the gree to act in this cap older performance of i	

10. 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.

To: Page 4 of 5 2020-02-24 16:44:38 CST 19542080845 From: Ranae McGraw

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Стантын
Address*
* No. 1 Sec. 2 S
Vice Chaimun,
Address:
Director: Peter F. Martino
Address: 2 Ava Ln.
E. Falmouth, MA 02536
Director:
Address:
B. OFFICERS
President: Peter F. Martino
Address: 7 Ava Lr. F. Falmouth, MA, 02536
E. Falmouth, MA 02536 Vice President:
Address:
Secretary: Kathleen C, Martino
Address: 7 Ava Ln., E. Falmouth, MA 02536
Treasurer: Peter F. Martino
Address: 7 Ava Ln., E. Falmouth, MA 02536
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Peter F. Martino
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
13. Peter F. Martino, President (Typed or printed name and capacity of person signing application)
(a) beg or lituited many ordered of berson signing abbuserous

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUPERIOR HOTEL MANAGEMENT CORPORATION"

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 TWENTIETH DAY OF FEBRUARY,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202431033

Date: 02-20-20