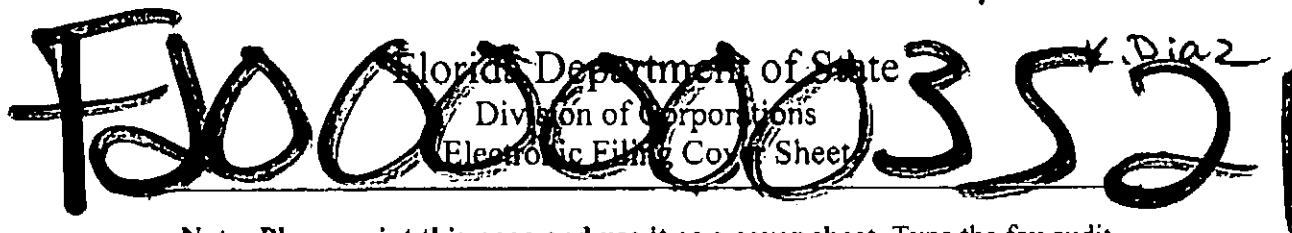


Division of Corporations

Page 1 of 1

30965/63961



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000276609 3)))



H200002766093ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

**From:**  
 Account Name : MATEER & HARBERT, P.A.  
 Account Number : I20110000087  
 Phone : (407) 425-9044  
 Fax Number : (407) 423-2016

**FOREIGN NAME REGISTRATION****Hotel Management Services, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000276609 3)))

**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** Hotel Management Services, Inc.  
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 "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:

Tracy Fleenor

Name of Person

Hotel Management Services, Inc

Firm/Company

2304 Silverdale Drive, Suite 200

Address

Johnson City , Tennessee 37601

City/State and Zip code

tfleenor@mitchcox.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Fleenor

at ( 423 ) 282-6582

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

(((H20000276609 3)))

(((H20000276609 3)))

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDAIN 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. Hotel Management Services, Inc.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 27-1016609

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 09/25/2009

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. 5/27/2015

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4125 Clarcona Ocoee Rd, Orlando, FL 32810 and 18311 SR 50, Clermont, FL 34711

(Principal office street address)

2304 Silverdale Drive, Suite 200, Johnson City, TN 37601

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian L. Wagner

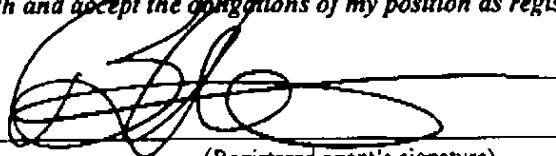
Office Address: C/O Mateer Harbert, Attorneys at Law

225 E. Robinson St., Suite 600, Orlando, Florida 32802-2854

(City)

(Zip code)

## 9. 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.*

(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(((H20000276609 3)))

(((H20000276609 3)))

**A. DIRECTORS**

☐ Chairman Name: Phillip A. Cox  
☐ Vice Chairman Address: 2304 Silverdale Drive, Suite 201  
☐ Director Johnson City, TN 37601  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☒ Other Owner ☐ Other \_\_\_\_\_

☐ Chairman Name: Kathleen Maile  
☐ Vice Chairman Address: 2304 Silverdale Drive, Suite 201  
☐ Director Johnson City, TN 37601  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Byron Browder  
☐ Vice Chairman Address: 2304 Silverdale Drive, Suite 201  
☐ Director Johnson City, TN 37601  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Terri Dombkowski  
☐ Vice Chairman Address: 2304 Silverdale Drive, Suite 201  
☐ Director Johnson City, TN 37601  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Tracy Fleener  
☐ Vice Chairman Address: 2304 Silverdale Drive, Suite 201  
☐ Director Johnson City, TN 37601  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other CFO

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. [Signature]  
 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. \_\_\_\_\_  
 Chief Financial Officer  
 (Typed or printed name and capacity of person signing application)

(((H20000276609 3)))

(((H20000276609 3)))



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**HOTEL MANAGEMENT SERVICES, INC.**  
JOSEPH MAILE  
SUITE 200  
2304 SILVERDALE DRIVE  
JOHNSON CITY, TN 37601

August 11, 2020

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0378908

**Issuance Date:** 08/11/2020  
**Copies Requested:** 1

---

**Document Receipt****Receipt #:** 005714918**Filing Fee:** \$20.00**Payment-Credit Card - State Payment Center - CC #:** 3787188474

\$20.00

---

**Regarding:** **HOTEL MANAGEMENT SERVICES, INC.****Filing Type:** For-profit Corporation - Domestic**Control #:** 814166**Formation/Qualification Date:** 09/25/2009**Date Formed:** 09/25/2009**Status:** Active**Formation Locale:** TENNESSEE**Duration Term:** Perpetual**Inactive Date:****Business County:** WASHINGTON COUNTY

---

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**HOTEL MANAGEMENT SERVICES, INC.**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

**Tre Hargett**  
Secretary of State

**Processed By:** Cert Web User**Verification #:** 041115518

(((H20000276609 3)))