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Certified Copies	_ Certificates	s of Status
		
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ALLAHASSEE, FLORIDA

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T. LEMIEUX MAR 14 2022

COVER LETTER

	ration Section on of Corporations				
SUBJECT:	MOORESVILLE HOTEL, IN	C.			
SOBJECT.	Name o	of corporation -	· must inc	lude suffix	
Dear Sir or Ma	ıdam:				
"Certificate of	Application by Foreign Cor Existence," or "Certificate ed foreign corporation to tra	of Good Stand	ing" and	check are subn	
Please return a	Il correspondence concernit	ng this matter t	to the foll	owing:	
GARY S DUNA	VY, ESQ.				
		Name of P	erson		
DUNAY, MISK	EL AND BACKMAN, LLP				
<u> </u>		Firm/Comp	any		
14 SE 4TH STR	REET. #36				
		Addres	SS	· -	
BOCA RATON	, FL 33432				
		City/State an	d Zip cod	e	
GDUNAY@DM					
	E-mail address.	: (to be used fo	or future a	innual report no	otification)
For further info	ormation concerning this ma	atter, please ca	III:		
GARY S. DUN	AY	561 at (405-33	20 Paytime Teleph	
Name	of Person	Area Code		aytime Teleph	one Number
Regist Division The Co 2415 P	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		! !	MAILING AE Registration Se Division of Coi P.O. Box 6327 Tallahassee, FL	ction rporations
	theck for the following amovek payable to: FLORIDA DE ng Fee	PARTMENT (g Fee &		iling Fee &	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	orp," "Inc, ' "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ing business in Florida)	
NORTH CARO	LINA 3.	47-2406108		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
11/24/2014	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		lity)	
2601 NE 9TH CC	URT, HOMESTEAD, FL 33033			
		e street address)		
711 GALLIMOR	E DAIRY ROAD, HIGH POINT, NC 27265			
	(Current mailin	g address, if different)		
N. Janes		Day NOT assentable)		
Name and <u>stree</u>	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)		
Name:	GARY S. DUNAY			
ffice Address:	14 SE 4TH STREET, #36		V	
	BOCA RATON	, Florida <u>3332</u>	022 FEB 23	
	(City)	(Zip code)	1.2. 1.2.	
Taving been nam	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointn		ed corporation active place to actification actions action actions action actions are actionally actions.	

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.

(Registered agent's signature)

□ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Other □ Other	A. DIRECTORS			
Director Jayesh N. Patel Director Chiranjiv K. Kariwala President	□Chairman	Name:	□Chairman	Name:
President	□ Vice Chairman	Address:	□Vice Chairman	Address:
Jayesh N. Patel	■Director		Director	Chiranjiv K. Kariwala
Vice President Vice President Vice President Vice President Vice President Vice Chairman Vice Ch	□President		□President	
Other	■ Vice President		□Vice President	
Chairman Name:	■ Secretary	□Treasurer	☐ Secretary	□Treasurer
Director Nayan C. Patel Director Nayan C. Patel Director Nayan C. Patel Director President President President Director Director Director Dother Dother Dother Dother Dother Dother Dother Director Di	□Other	Other	□Other	□Other
Director Nayan C. Patel Director Nayan C. Patel Director Nayan C. Patel Director President Presi	□ Chairman	Name:	□ Chairman	Name:
Director Nayan C. Patel Director	□Vice Chairman		□Vice Chairman	Address:
President		Nayan C. Patel		
Gother		Nayan C. Patel		
Other Other Other Other Other Other Other	□Vice President		□Vice President	
Chairman Name:	□Secretary	□Treasurer	☐ Secretary	□Treasurer
□ Vice Chairman Address: □ Vice Chairman Address: □ Director □ Vice President □ Vice President □ Vice President □ Other □ Treasurer □ Other □ Ot	□Other	Other	Other	□Other
□ Vice Chairman Address: □ Vice Chairman Address: □ Director □ Vice President □ Vice President □ Vice President □ Other □ Treasurer □ Other □ Ot	Fi Chairman	Name:	□ Chairman	Name:
□ Director □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ 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 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 oshe 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.				
□ President □ Vice President □ Vice President □ Vice President □ Vice President □ Other □ Oth				Address.
□ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □ Other □ Other □ Other □ Other □ Treasurer □ 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 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 of 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.	□Vice President		□Vice President	
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 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 of 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.	☐ Secretary	■ Treasurer	☐ Secretary	□Treasurer
12. 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 of 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.	□Other	Other	□Other	Other
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 of 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.	individuals may be	added to the index when filing your Flor da Depar	tment of State Annual Re	d for reporting purposes only. Non-indexed port form.
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	The officer or dire she is aware that fa	etor signing this document (and who is listed in nuralse information submitted in a document to the De	nber 11 above) affirms th partment of State constitu	tes a third degree felony as provided for in



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MOORESVILLE HOTEL, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of November, 2014, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of February, 2022.

6 laine I Marshall

Secretary of State

Certification# 112188809-1 Reference# 18145248-ACH Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification