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TO: Qualifica Division	ation/Tax Lien Sec of Corporations	tion	·	ONTER 12 95 FEB 12
SUBJECT:		FAVILION	LIMITED	72 23 CO
	(Na	me of corporation	on - must include suffix)	2
Dear Sir or Mad	am:			2: 18 % / S
The enclosed "A Florida". "Certifi	pplication by Fore	ign Corporat	ion for Authorization	n to Transact Business in ster the above referenced
foreign corporat	ion to transact bus	iness in Flori	da,	ner tile above reterences
			s matter to the follow	
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	ns, na	IR LOOPE	ર	
		(Name	of Person)	· · · · · · · · · · · · · · · · · · ·
	GRANO	PAVILION	LINITED	300001671583
		(Firm/C	Company)	-12/27/9501030005 *****78.75 *****78.75
	60, 00%	30117 SAB		
	·		dress)	
•	CAMMAN	13 Lanos		<u>w95</u> - 2500'3
 -		(City/S	tate/Zip)	<u></u>
Should you need	to call someone co	ncerning this	matter, please call:	
MAGIA	Cooper.		et (%0	9 1 942 - 5656
	Cooper. une of Person)	·	•	947 - 5656 2 Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 27, 1995

MARIA COOPER GRAND PAVILION LTD. PO BOX 30117 SMB CAYMAN ISLANDS.

SUBJECT: GRAND PAVILION LTD. Ref. Number: W95000025003

We have received your document for GRAND PAVILION LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6095.

Letter Number: 295A00055445

Jennifer Sindt Document Examiner ON FER 12 PH 2: 18

January 4, 1996

Jennifer Sindt Document Examiner Florida Department of State

Dear Ms. Sindt,

RE : GRAND PAVILION LIMITED #W950000025003

I refer to your attached letter of December 27, 1995.

I apologise for any confusion which may occur due to the and rence in legal forms of corporate entities between the USA and the United Kingdom and its dependent territories, such as the Cayman Islands.

Grand Pavilion Limited is the full name of this company. Under Cayman Islands law, the word "Limited" (often abbreviated to Ltd.) refers to a privately held limited liability company. The words "incorporated", "corporation" etc. may be used for Cayman Islands registered companies for descriptive reasons, but have no legal relevance.

I would therefore advise that the word Limited (or Ltd.) is indeed a valid corporate suffix. I would further advise that to append as a further suffix any of the words suggested in your letter would mean inaccurately stating the legal name of the company,

I would therefore request that you accept the name as stated on the form.

Yours faithfully,

Tom McCallum Financial Controller



P.O. Box 30117, Grand Cayman Cayman Island, B.W.I. Telephone: (809) 947-5656 Facsimile: (809) 947-5353

bsolute Hospitality



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 17, 1996

MARIA COOPER GRAND PAVILION LTD. PO BOX 30117 SMB CAYMAN ISLANDS,

SUBJECT: GRAND PAVILION LTD. Ref. Number: W95000025003

SECRETARY OF SIALEST OF CORPORATION OF CORPORATION

We have received your letter of January 4, 1996. Florida law requires that a corporation's name "...clearly indicate that it is a corporation instead of a natural person or partnership...". In Florida LIMITED or LTD. is considered a suffix for a limited partnership. Please add to the name one of the following: Incorporated, Inc., Corporation, Corp., Company, or Co. Please find attached a copy of the Florida statutes for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abanined.

If you have any questions concarning the filling of your document, please call (904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 096A00002027

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	GRAND PAVILION IN	ic.				
	(Name of corporation: must include the word "INCORPOI abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pre-	RATED", "CON cate that it is a c esent.)	(PANY", "CORPORATION" orporation instead of a natura	or words o	or	
2,	CAMMAN ISLIANDS	2	wa			
	(State or country under the law of which it is incorporated)	3. (FEI number, if applicable)				
4.	(Date of Incorporation)	5	PERCETUAL			
	(Date of incorporation)	(Duration: Y	car corp. will cease to exist of	or "perpetua	i l")	
6.	(Date first transacted business in Florida, (See section					
	(Date first transacted business in Florida, (See section	is 607.1501, 607	/.1502, AND 817.155, F.S.)			
7.	1. 01 110K 30117 SM3	CAYMA	15 CHWOS	96 FEB 12 PH	DIVISION OF CORP	
				63	35	
				12	7	
	(Current mailir	ng address)		70		
				- <u>-</u>	S	
8.	REPRESENTATIVE OFFICE FOR THANK! (Purpose(s) of corporation authorized in home state or countriflorida)	ETING OF	CLAY O. + GRANDPANICION	401 <u>82</u>		
!	(Purpose(s) of corporation authorized in home state or countri- Florida)	ry to be carried o	out in the state of		3	
9.	Name and street address of Florida registered acceptable)	agent: (P.O	Box or Mail Drop Bo	x <u>NOT</u>		
Off	Name: DIRWNE SHIFT YON F fice Address: 2650 BISCAUDE BLU Manu Registered agent's acceptance:	<u>D</u>	. 33/37:	-4590	0	
10	Registered seent's accentences	, Florid	(Zip Code)		_	
					-	
reg	ving been named as registered agent and to acceptoration at the place designated in this application is tered agent and agree to act in this capacity. I statutes relative to the proper and complete performance the obligations of my position as registered agent. (Registered agent)	on, I hereby o further agree ormance of m sed agent.	accept the appointment of the comply with the property duties, and I am familiant the complex duties, and I am familiant the complex duties.	as visions of	ſ	
	Attached is a certificate of existence duly authent delivery of this application to the Department of Sofficial having custody of corporate records in the	dicated, not in	ore than 90 days prior t	10r		

1

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: NORBERG U. THOMPSON Address: SOUTH CHURCH STINEIET, GROTHE TOWN, CAMPINEN ISLANDS Vice Chairman: Address: ____ V. THORASA MARY Director: ____ Address: SOUTH CHURCH STABLET, OFORCE TOWN, CAYMIN ISLAMIN Director: _____ Address; B. OFFICERS (Street address only- P. O. Box NOT acceptable) MAYUA GODEC President: Address: CLAMON GANNO PAVILION NOTEL, WEST INNY ANAD GROWLA TOWN CAMPAN ISLANDS Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

CENTIAL

MANAGER

