TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: HOSPITALITY INVESTMENT & FINANCIAL CORPORATION (Name of corporation)

Dear Sir or Madam:

-04/12/96--01008--015

-04/12/96--01008--015

*****78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

John W. Boykin, Esq.	
(Name of Person) Cofer, Beauchamp & Butler	
(Firm/Company)	
99 West Paces Ferry Road, Suite	200
(Address)	
Atlanta, Georgia 30305	
(City, State and Zip Code)	

Should you need to call someone concerning this matter, please call:

at (404 <u> 1 233 - 6</u>200 John W. Boykin, Esq. Area Code & DaytimeTelephone Number (Name of Person)

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tailahassee, FL 32314

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. HOSPI'I (Name of co abbreviation or partnershi	TALITY INVESTMENT & FINANCIAL CORPORATION proporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION is of like import in language as will clearly indicate that it is a corporation instead only in the name at present.)	ON* or words or of a natural person
·	untry under the law of which it is incorporated) (FEI number, if applicable)	
4. $\frac{01/31}{1200}$	/84 5. Perpetual of Incorporation) (Duration: Year corp. will cease to exist of	a Residence Add
6. <u>June 1</u> (Date first va		SECRETARY ISON OF CO APR 12
Atlant	ca, Georgia 30328	FP H:
	(Current mailing address)	20
8. To inv	est in and operate hospitality related property w	<u>ith respec</u> t t
(Purpose) food s	s) of corporation authorized in home state or country to be carried out in the state service and housing, and any other legal activity.	e of Fiorida)
	and street address of Florida registered agent:	
	Name: J. Cary Monroe	
Offi	ice Address: Suite 140, 777 South Harbor Place	
	Tampa , Florida , <u>336</u>	502 Zip Code)
10. Regist	tered agent's acceptance:	
corporation registered ag of all statute	n named as registered agent and to accept service of process for the at the place designated in this application, I hereby accept the gent and agree to act in this capacity. I further agree to comply with a relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.	appointment as the the provisions

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.

(Registered agent's signature)

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A.	DIRECTORS	
	Chairman: W. Kindred Powell	
	Address:5825 Glenridge Drive	
	Atlanta, Georgia 30328	
	Vice Chairman:	
	Address:	
	Director:	
	Address:	96 S
	Director:	ECRET SIDH C
	Address:	FILED ARY OF S F CORPO
в.	OFFICERS	STATE ORATION 4: 20
	President: W. Kindred Powell	- ö
	Address: 5825 Glenridge Drive	
	Atlanta, Georgia 30328	
	Vice President:	
	Address:	
	Secretary: Stephanie M. Powell	
	Address: 5825 Glenridge Drive	
	Atlanta, Georgia 30328	
	Treasurer: Stephanie M. Powell	
	Address: 5825 Glenridge Drive	
	Atlanta, Georgia 30328	•
NOTE	E: If necessary, you may attach an addendum to the application listing	ng additional officers

12. Names and addresses of officers and/or directors:

and/or directors.

(Signature of Chairman, Vica Chairman, or any officer listed in number 12 of the application)

W. Kindred POwell, President (Typed or printed name and capacity of person signing application)

** Secretary of State Business Information and Services Suite 315, West Tower 2 Martin Author King Ir. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960720414
CONTROL NUMBER : 8401424
DATE INC/AUTH/FILED: 01/31/1984
JURISDICTION : GEORGIA
PRINT DATE : 03/12/1996
FORM NUMBER : 211

COFER BEAUCHAMP BUTLER ATT: JOHN BOYKIN 99 WEST PACES FERRY ROAD ATLANTA GA 30305 SECRETARY OF STATE
DIVISION OF CORPORATIONS

56 APR 12 PM 1:- 20

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HOSPITALITY INVESTMENT & FINANCIAL CORPORATION A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Jewin a. Massey

LEWIS A. MASSEY

SECRETARY OF STATE

