F97000006196

To: Qualification/Tax Lien Section Division of Corporations			
SUBJECT: SOUTHEASTERN HOSPITALITY	HOLDINGS, INC		
(Name of corporation	on - must include suffi:	^{x)} 90000235	
Dear Sir or Madam:	3	-11/21/97-	01039001 25 ****131.2
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	Authorization to Tran- register the above refer	sact Business in Flor renced foreign corpo	rida", ration to
Please return all correspondence concerning this matter	r to the following:	1	
Mary Beth Brannon			
(Name o	f Person)		
Hicks, Maloof & Campbe	ell	· .	
(Firm/Co	ompany)		
285 Peachtree Center	Avenue, N.E.,	Suite 2200	•
(Add	iress)	·	
Atlanta, Georgia 30	303-1234	- - -	
	tate/Zip)		
(-23,-3)			ø
		ī	93 NS
Should you need to call someone concerning this matt	er, please call:	tk 11/24	
Mary Beth Brannon at (404) 420-7425		
(Name of Person) (Are	a Code & Daytime Te	lephone Number)	= Pr
	· .		SECRETARY OF STATE VISION OF CORPORATIONS 97 NOV 21 AM 8: 56
COURIER ADDRESS:	MAILING ADDR	ESS:	. .
Qualification/Tax Lien Section Division of Corporations 409 F. Gaines St	Qualification/Tax I Division of Corpor P.O. Box 6327		

* Please forward certified copy and certificate of existence to the above address.

Tallahassee, FL 32314

409 E. Gaines St.

Tallahassee, FL 32399

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 Southea	stern Hospitality	Holdings,	Inc.	<u></u>		
Name of con	poration: must include the word	"INCORPORA"	TED", "COMPANY	", "CORPORATION	√r or	
words or abbr	eviations of like import in lang	nage as will clear	ly indicate that it is	a corporation instead	d of a	
natural person	or partnership if not so contain	ned in the name a	t present.)			
_				:		
		•				
2. <u>Georgia</u>			3. <u>Applied</u>	FEI number, if applic		_
(State or count	try under the law of which it is	incorporated)	(.	rei number, ii appiid	201e)	
		tu tuut E Doorei	ادسدت	:		
4. October	14, 1997 Date of incorporation)	5. <u>Perr</u> Ouzti	or Year com will	cease to exist or "pe	menial")	_
(12	rate of incorporation)	(Dance	on, 1 on oorp	, ,		
6. December	r 1, 1997		· · · · · · · · · · · · · · · · · · ·			
(Date fi	rst transacted business in Florid	a.) (SEE SECTION	ONS 607.1501, 607	.1502 and 817.155, F	.S.)	
•	- · · · · · · · · · · · · · · · · · · ·		e e	1 .	•	.50
7. <u>5151</u> ;Br	ookhollow Parkway	$_{\sim}$ Suite_20	0. Norcross	<u> Georgia 30 </u>	0/1-364/	
a.			,	i	•	
	10-	rrent mailing add	Henre V			-
	(Ct	ment maning acc	11622)			
8 Watal m	management, constr	nction and	developme	nt.		
Purpos	se(s) of corporation authorized	in home state or o	country to be carried	d out in state of Flori	da)	
	•				-	
9. Name and s	treet address of Florida reg	istered agent:	(P.O. Box or Mai	l Drop ⁷ ox <u>NOT</u> a	cceptable)	≧ິ∞
					2	SC .
Name:	Michael R. Pace				2	
					<u>N</u>	
Office Address:	11347 Front Beac	ch Road, A	<u>par</u> tment 12	210		
				i	3	중되다
	Panama City Bea	ch	, Florida, <u>32</u>	<u>2407–366</u> 2	. 😄	77.87.77.77.77.77.77.77.77.77.77.77.77.7
			(Zip code)	വ	젊
					o	差
10. Registered	agent's acceptance:					
	ned as registered agent and to					
	on, I hereby accept the appoint					
	provisions of all statutes relati		and complete perfo	rmance of my duties	, and I am fami	liar with
and accept the o	bligations of my position as re	ristered agent.				
		3 Cm	*	:		÷
			· · · · · · · · · · · · · · · · · · ·		-	=
	(Re	gistered agent's	agnature)			

- 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.
- 12. Names and addresses of officers and/or directors: (Street address ONLY P.O. Box NOT acceptable)

a <u>dir</u> e	CTORS (Street address only - P.O. Box NOT acceptable)
Chairman:	
Address:	
Vice Chair	rman:
Address: .	
_	
Director:	Michael R. Pace
Address:	5151 Brookhollow Parkway, Suite 200
	Norcross, Georgia, 3007I-3647
Director:	
	•
B. OFFI	ICERS (Street address only - P.O. Box NOT acceptable)
President:	Andrew J. Pace
Address:	5151 Brookhollow Parkway, Suite 200
	Norcross, Georgia 30071-3647
NKK Reesi	Ident Chief Executive Officer: Michael R. Pace
Address:	5151 Brookhollow Parkway: Suite 200
	Norcross, Georgia 3007I-3647
Secretary:	Michael R. Pace
•	5151 %Brookhotlow:Parkway: Sûfte 200
	Norcross, Georgia 30071-3647
Treasurer:	Michael R. Pace
	5151 Brookhollow Parkway, Suite 200
	Norcross, Georgia 30071-3647
NOTE: 1	
	If necessary, you may attack an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>M</u> i	chael R. Pace
-	(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Tuther King Ir. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 973020105
CONTROL NUMBER : 9736982
DATE INC/AUTH/FILED: 10/14/1997
JURISDICTION : GEORGIA
PRINT DATE : 10/29/1997

FORM NUMBER : 211

HILDA BADACOUR 285 PEACHTREE CENTER AVE. STE. 2200 ATLANTA GA 30303-1234

CERTIFICATE OF EXISTENCE

DIVISION OF CORPORATIONS
97 NOV 21 AM 8: 56

l, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SOUTHEASTERN HOSPITALITY HOLDINGS, INC.

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.

Jewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

