798000003774 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section	
Division of Corporations	
SUBJECT: First Hospitality Management Corporation	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bus "Certificate of Existence", and check are submitted to register the above referenced for transact business in Florida.	siness in Florida", oreign corporation to
Please return all correspondence concerning this matter to the following:	
Dale A. Beardsley, Esq.	7/01/3801075005-
. (Name of Person)	★***(8.(5 *****(8.10.10)
Brown, Obringer & Shaw, P.A.	~~7/
(Firm/Company)	
12 East Bay Street	SECRE 198 JUL
(Address)	
Jacksonville, Florida 32202	
(City/State/Zip)	ED STATE OF
Should you need to call someone concerning this matter, please call:	3: 38
Dale A. Beardsley, Esq. at (904) 354-0624	
(Name of Person) (Area Code & Daytime Telephone	Number)

COURIER ADDRESS:

Qualification/Tax Lien Section 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

BROWN, OBRINGER, SHAW, BEARDSLEY & DeCANDIO

Professional Association
12 East Bay Street
Jacksonville, Florida 32202-3427
e-mail address: brownobr@bellsouth.net

Dale A. Beardsley Harris Brown Michael J. DeCandio Arthur Hernandez Michael J. Obringer Susan S. Oosting R. Thomas Roberts Mark L. Rosenberg Jack W. Shaw, Jr. Peter P. Sledzik Kevin J. Vander Kolk Tonia Yazgi John E. Mathews, Jr. (1920-1988) Marion R. Shepard (1920-1981) Herbert R. Kanning (1944-1993)

> Telephone (904) 354-0624 Telecopiers (904) 356-1559 (904) 354-0077

June 30, 1998

VIA FEDERAL EXPRESS

Qualification/Tax Lien Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: First Hospitality Management

Corporation

Gentlemen:

Please find enclosed our transmittal letter, Certificate of Existence from the Secretary of State of the State of Mississippi, with respect to the referenced corporation, together with the application by foreign corporation for authorization to transact business in Florida, executed by the Registered Agent and the authorized officer of the referenced corporation. Also enclosed is our firm check in the amount of \$78.75 for the registration fee and a certificate of status.

If you require any further information, please don't hesitate to communicate with me.

Sincerely,

Dale A. Beardsley

DAB:cfs Enclosures

cc: Ms. Deborah Hazen

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.	Firs	st Hospitality Manage	ement Co	rporation	1			
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a						_ .	
		riations of like import in langu or partnership if not so contain				is a corporation	instead of a	
	p	F		x	,			
2.	Miss	sissippi		3.	(64-0782680		
	(State or country	under the law of which it is i	ncorporated	i)		(FEI number, it	f applicable)	
4.	Nove	ember 30, 1989	5	 	· (99 years	exist or "perpetual"	
	(Dat	e of incorporation)		(Duration	Year con	rp. will cease to	exist or "perpetual")
6.	Janı	uary 3, 1998						
	(Date first	transacted business in Florida	a.) (SEE SE	CTIONS 60	7.1501, 60	07.1502 and 817.	.155, F.S.)	<u> </u>
7.	210	Texas Avenue, Suite	#1				<u>~</u>	V.85 SE
		fport, Mississippi	39507 ⁻				_	28
		1 ,	rent mailin	g address)				
							무	700 700 700 700
8.	All lega	l activities, includ	ing owne	rship and	d opera	tion of mot	els and hotepla	; <u> </u>
	(Purpose(s) of corporation authorized in	n home stat	e or country	to be carri	ied out in state o	f Florida) ထ	m
9,	Name and stre	eet address of Florida regi	stered age	ent: (P.O.)	Box or M	ail Drop Box N	OT acceptable)	O
	Name:	Dale A. Beardsley,		•				
	_							
Of	fice Address:	12 East Bay Street	<u> </u>	 ·				
		Jacksonville			Florida.	32202		
	-			,		(Zip code)		
10	Dogistared	gent's acceptance:						
10	. izegistered aj	gent 2 acceptance:						
Ha	iving been name	d as registered agent and to a	iccept servi	ce of proces	s for the a	bove stated corp	oration at the plac	e designated
in . co:	this application, mply with the pro	I hereby accept the appointnovisions of all statutes relativ	rent as regi	istered agent oper and con	and agree	e to act in this c	apacity. I further a	gree to
an	d accept the obli	gations of my position as reg	stered age	nt.	picieper	ormance of my	annes, and I am ju	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		/%	LO	4			-	
		(Reg	istered age	nt's signatur	=)	· .		

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.	Roy NOT appendables
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Chairman:	RS (Street address only - P.O. Box NOT acceptable) Timothy DeSandro	
Address:	210 Texas Avenue, Suite #1	
Mylenes	Gulfbort, Mississiphi 39507	
Vice Chairman:		
Director:		
Address:		
Manager		
Director:		
		<u>.</u>
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)	ы 88 В 1У1 б
President:	Timothy DeSandro	ON CIA
	210 Texas Avenue Suite #1	
	Gulfport, Mississippi 39507	<u>ය</u> දු
Vice President,		
Secretary:	Deborah Hazen	
Address:	210 Texas Avenue, Suite #1	
	Gulfport, Mississippi 39507	
Treasurer:	Deborah Hazen	
Address:	210 Texas Avenue, Suite #1	
, 11 q ,	Gulfport, Mississippi 39507	
NOTE: If necess	sary, you may attach an addendum to the application listing additional officer	rs and/or directors.
13. <u>V</u>	Leberal P. Hazer	
	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of BORAH P. HOZEN - SECRETORY / Freed (Typed or printed name and capacity of person signing appli	uren

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on November 30,1989 the state of Mississippi issued a Charter/Certificate of Authority to:

FIRST HOSPITALITY MANAGEMENT CORPORATION

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Bissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

> Given under my hand and seal of office June 25,1998

ric Clark

ERIC CLARK, Secretary of State

