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(Re	questor's Name)	<del></del>		
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SECRUTARY OF STATE CIVISION OF CORPORATIONS

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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: IRLO BRONSON, LLC.		
(Name of Lin	nited Liability Company)	
11 · · · · · · · · · · · · · · · · · ·	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited	
Please return all correspondence concerning this	matter to the following:  R  ame of Person)	
CARLOS F. MELGA	R 20 A	
(N	ame of Person)	
PREMIER HOTEL CORPORATION	00	
(F	irm/Company)	
2839 PACES FERRY RD., SUITE 560	(Address)	
ATLANTA, GA 30339		
(City/S	State and Zip Code)	
For further information concerning this matter, pl	lease call:	
CARLOS F. MELGAR	at ( 678 ) 842-0633	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	IRLO BRONSON, LLC.  (Name of Foreign Limited Liability Company)	<u>!</u>
	GEORGIA  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)	於解語
4.	9/11/02  5. PERPETUAL  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")	ORP OR A
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	OR ATTIONS
7.	14585 DUVAL RD.	 1.
	JACKSONVILLE, FL 32218  (Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	WILLIAM D. BOWEN 2839 PACES FERRY RD. SUITE 560 ATLANTA, GA 30339	•
	WILLIAM B. WEATHERFORD 2839 PACES FERRY RD. SUITE 560 ATLANTA, GA 30339	÷
the tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)	ds in
11	. Nature of business or purposes to be conducted or promoted in Florida: HOTEL - LODGING	٠, ,
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	

Typed or printed name of signee

CARLOS F. MELGAR

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	04 S
IRLO BRONSON, LLC.	SEP -
2. The name and the Florida street address of the registered agent and office are:	CORPOR
MARY LANAY RIORDAN (Name)	2: 00
210 ST. JOHN'S BLUFF RD.  Florida Street Address (P.O. Box NOT ACCEPTABLE)	.e-
JACKSONVILLE FL 32246 City/State/Zip	Light was

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Mary Riendan

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 042451062
CONTROL NUMBER : 0245494
DATE INC/AUTH/FILED: 09/11/2002
JURISDICTION : GEORGIA
PRINT DATE : 09/01/2004

FORM NUMBER : 211

PREIMER HOTEL CORPORATION CARLOS MELGAR 2839 PACES FERRY RD STE 560 ATLANTA, GA 30339

#### CERTIFICATE OF EXISTENCE

DIVISION OF CORPORATIONS

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

## IRLO BRONSON, LLC A GEORGIA LIMITED LIABILITY COMPANY

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 abovenamed 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.



Ally Cop

Cathy Cox Secretary of State