



ACCOUNT NO. : 072100000032

REFERENCE : 602022

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: February 25, 2000 -

ORDER TIME : 12:18 PM

ORDER NO. : 602022-015

CUSTOMER NO: 5152386

------200003150392--1

CUSTOMER: Ms. April Sims

Crestline Capital Corporation

6600 Rōckledge Drive

Suite 600

Bethesda, MD 20817-1109

FOREIGN FILINGS

NAME: CCHI KEY WEST LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED_COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 29, 2000

CSC

ATTN: TAMARA ODOM

SUBJECT: CCHI KEY WEST LLC Ref. Number: W00000005381

We have received your document for CCHI KEY WEST LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

A representative from The Prentice-Hall Corporation System, Inc. must sign accepting the designation of registered agent. One of the managers, Tracy M.J. Colden signed as the agent, however, The Prentice-Hall Corporation System, Inc. is listed on the form as the agent.

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 (850) 487-6025.

Letter Number: 800A00010865

Trevor Brumbley Document Specialist

OD FED 29 PH 1: 38
TALLAHASSEE TOWNDA

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:

(Name of foreign	limited liability company)
סס אנות זסר	3/-
DELAWARE urisdiction under the law of which foreign limited liability mpany is organized)	(FEI number, if applicable)
2-24-00	5. December 31, 2080
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
JPON FILING OF QUALIFICATION (Date first transacted business in Florida, (Se	ee sections 608.501, 608.502, and 817.155, F.S.)
6600 ROCKLEDGE DRIVE, SUITE 600	
BETHESDA, MARYLAND 20817-1109 (Street address)	es of principal office)
f limited liability company is a manager-managed	d company, check here 🗷
The name and usual business addresses of the m	nanaging members or managers are as follows:
James L. Francis, 6600 Rockledge Drive, Suit	te 600, Bethesda, MD 20817-1109
Tracy M.J. Colden, 6600 Rockledge Drive, Sui	ite_600, Bethesda, MD 20817-1109
Steven J. Fairbanks, 6600 Rockledge Drive, S	Sute_600, Bethesda, MD 20817-1109
Au I I i man i I militare affirmen na man than i	90 days old, duly authenticated by the official having cutody of rec
Attached is an original certificate obasicince, no more utain to original certification under the law of which it is organized. (A photo	copy is not acceptable. If the certificate is in a foreighanguage, a
lation of the certificate under oath of the translator must be	submitted.)
Nature of business or purposes to be conducted	d or promoted in Florid will act as Lessee to
Holiday Inn in Key West, Florida.	[7]
Frace Wo Carel	
Signature of a member or an (In accordance with section 608.408(3).	authorized representative of a member. F.S., the execution of this document constitutes
an affirmation finder the negatives of ne	erjury that the ficts stated herein are true.)
Tracy M. J Colden, Manager	

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:	
	CCHI KEY WEST LLC	**************************************
2.	The name and the Florida street address of the registered agent and office are:	
	THE PRENTICE-HALL CORPORATION SYSTEM, INC. (Name)	i ng vin
	1201 HAYS STREET Florida street address (P.O. Box NOT ACCEPTABLE)	ಗಳು ಕ್ಷಾಪ್ತಿ ಎಗಳು -
	TALLAHASSEE 32301 FLCity/State/Zip	t vemte.

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, F.S..

Lynette Coleman as its agent

\$ 100.00 Filing Fee for Application

25.00 Designation of Registered Agent

30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware

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Office of the Secretary of State

I, EDWARD J._FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CCHI KEY WEST LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-FIFTH DAY OF EEBRUARY, A.D. 2000.

SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

0280579

DATE:

02-25-00

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