Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name

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Account Number : 120000000088 Phone

(800)221-0102

Fax Number

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TED LIABILITY COMPANY

Altamonte Hotel Associates LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

	It amonte Hotel Associates IIC (Name of foreign limited liability company)
1.10	Delaware 3. 05-0524974 (FE) mumber, if applicable) my is organized)
**	July 18, 2002 (Date of Organization) 5. Perpetual (Daration: Year limited liability company will cease to exist or "perpetual")
	August 15, 2002 (anticipated) (Date first transacted business in Florida. (Sec sections 608.501, 608.502, and 817.155, F.S.)
4.2	350 S. North Lake Blvd
	Altamonte Springs, FL 32715
	(Street address of principal office)
1	mited liability company is a manager-managed company, check here
	usual business addresses of the managing members or managers are as follows:
	P/HEI Hotel Associates, LLC, member
., .	c/o HEI Hospitality LLC
P-4 *	101 Merritt 7 Corporate Park, 3rd. floor
	Mark and the second sec
ira i	Norwalk, CT 06851
in Sla	Norwalk, CT 06851 Packed is an original certificate of existence, no more than 90 days old, duly anthenticated by the official having custody of a stiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under eath of the translator must be submitted.)
in Ska	Norwalk, CT 06851 rached is an original certificate of existence, no more than 90 days old, duly anthenticated by the official having custody of schiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under eath of the translator must be submitted.) Juture of business or purposes to be conducted or promoted in Florida:
in Sla	Norwalk, CT 06851 Packed is an original certificate of existence, no more than 90 days old, duly anthenticated by the official having custody of a stiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under eath of the translator must be submitted.)
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in Sla	Norwalk, CT 06851 Exched is an original certificate of existence, no more than 90 days old, duly anthemicated by the official having custody of a solution taker the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: acquisition and ownership of a hotel. Wawn. Della.
in Sla	Norwalk, CT 06851 rached is an original certificate of existence, no more than 90 days old, duly anthenticated by the official having custody of schiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under eath of the translator must be submitted.) Juture of business or purposes to be conducted or promoted in Florida:

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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:
Altamonte Hotel Associates LLC
2. The name and the Florida street address of the registered agent and office are:
National Corporate Research, LTD., Inc.
(Namc)
1406 Hayes Street, Suite 2
Florida street address (P.O. Box NOT ACCEPTABLE)
Tallahassee, FL 32301
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited limitly 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 508, F.S..

Caller J. De Vives

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

\$ 5.00 Certificate of Status (optional)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARB, DO HEREBY CERTIFY "ALTAMONTE HOTEL ASSOCIATES 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 THIRTEENTH DAY OF AUGUST, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTAMONTE HOTEL ASSOCIATES LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Windson Harrier Smith Windson , Secretary of State

AUTHENTICATION: 1933439

DATE: 08-13-02

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