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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE CAPITAL HOTELS, LLC  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CECIL H. NELSON, JR.  
(Name of Person)  
CECIL H. NELSON, JR., LLC  
(Firm/Company)  
P. O. Box 2384  
(Address)  
Greenville, SC 29602  
(City/State and Zip code)

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For further information concerning this matter, please call:

CECIL H. NELSON, JR. at ( 864 ) 232-3766  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

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

1. SUNSHINE CAPITAL HOTELS, LLC  
(Name of foreign limited liability company)
2. SOUTH CAROLINA 3. 86-1064690  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. May 23, 2003 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON FILING OF THIS APPLICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 25 Woods Lake Road, Building #6, Suite 600,  
Greenville, SC 29607  
(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:

PAUL C. AUGHTRY, III  
25 Woods Lake Road, Building #6, Suite 600,  
Greenville, SC 29607

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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Construct and Operate Hampton Inn Hotels

Paul C. Aughtry III  
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.)

PAUL C. AUGHTRY, III

Typed or printed name of signee

**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:

SUNSHINE CAPITAL HOTELS, LLC

2. The name and the Florida street address of the registered agent and office are:

J. MARSHALL CONRAD

(Name)

227 South Calhoun Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

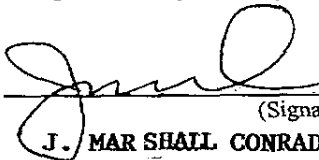
Tallahassee

FL

32302

(City/State/Zip)

*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.*

  
(Signature)

**J. MARSHALL CONRAD**

\$ 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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# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond* **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SUNSHINE CAPITAL HOTELS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 23rd, 2003, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 28th day of  
May, 2003.

A handwritten signature in black ink that reads "Mark Hammond".

Mark Hammond, Secretary of State