

M03000002570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

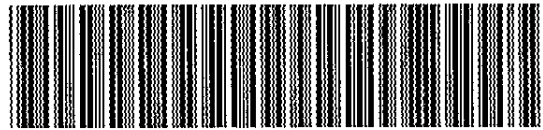
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DIVISION OF CORPORATIONS
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03 AUG -4 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GRAYHARRIS
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.
SUITE 600
301 SOUTH BRONOUGH ST. (32301)
P.O. BOX 11189
TALLAHASSEE, FLORIDA 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
WEB grayharris.com

August 4, 2003

03
AUG -4 PM 12:45
FILED
TALLAHASSEE, FLORIDA
E-MAIL ADDRESS

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

To Whom It May Concern:

Enclosed for filing, please find the **APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS** together with **CERTIFICATE OF GOOD STANDING**, along with a check in the amount of **\$160.00** for the applicable filing fees and fees to obtain a **CERTIFIED OF STATUS** and a **CERTIFIED COPY** for the following entity:

FAMILY SUITES HOTEL HOLDINGS, LLC

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

Jill W. May
Jill W. May

/jwm
Enclosures

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. Family Suites Hotel Holdings, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied for
(FEI number, if applicable)
4. July 23, 2003
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 14500 Continental Gateway
Orlando, FL 32821
(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:
See attached Exhibit A.
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: To transact any or
all lawful businesses permitted under Florida Statutes.

Phillip R. Finch
Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Phillip R. Finch, Authorized Representative

Typed or printed name of signer

**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:

Family Suites Hotel Holdings, LLC

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

Phillip R. Finch

(Name)

301 E. Pine Street, Suite 1400

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

Orlando

FL 32801

(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)

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

FILED
JAN 11 4 12 PM '11
TALLAHASSEE, FLORIDA

Exhibit A
to
Application by Foreign Limited Liability Company
for
FAMILY SUITES HOTEL HOLDINGS, LLC

FILED
AUG -11 PM 12:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Board of Managers:

Terry Whaples, 14500 Continental Gateway, Orlando, FL 32821

Edward Rudman, 100 Federal Street, 37th Floor, Boston, MA 02110

Henri Landwirth, 14500 Continental Gateway, Orlando, FL 32821

John H. Glenn, Jr., 14500 Continental Gateway, Orlando, FL 32821

Delaware

PAGE 1

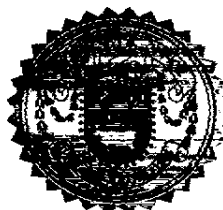
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FAMILY SUITES HOTEL HOLDINGS, 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 FIRST DAY OF AUGUST, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FAMILY SUITES HOTEL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2003.

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

FILED
03 AUG -4 PM 12:45
DELAWARE STATE
HARRISBURG, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3684825 8300

AUTHENTICATION: 2561055

030504270

DATE: 08-01-03