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MARK L. JANOS* BETHANY J. RAFFA KATHERINE D. HANIG

*ADMITTED IN NH & MA

May 20, 2004

Via Overnight Mail Tracking Order Number 1Z F51 962 22 1002 552 6

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Regal Inn of Hampton Beach, LLC (the "Company")

To Whom It May Concern:

In connection with the above-referenced Company, enclosed for processing please find the following:

- 1. Original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 2. Original Certificate of Designation of Registered Agent/Registered Office;
- 3. Original Certificate of Existence for the Company issued by the New Hampshire Secretary of State on May 11, 2004; and
- 4. Our check #2075 made payable to the Florida Department of State in the amount of \$160.00, which represents payment for (1) Filing Fee for Application; (2) Fee for Designation of Registered Agent; (3) Fee for Certified Copy of Filed Application; and (4) Fee for Certificate of Status.

Please forward the Letter of Acknowledgment, Certified Copy of Filed Application and Certificate of Status to the Registered Agent.

Registration Section Division of Corporations May 20, 2004 Page 2 of 2

If you have any questions regarding the foregoing, please do not hesitate to contact me.

Thank you.

Sincerely,

Bethany J. Raffa

Enclosures

cc: Regal Inn of Hampton Beach, LLC (without enclosures)

O4 MAY 21 PM 2: 24
SECRETARY DE SIGN

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:

I. Regal Inn of	Hampton Beach, LLC (Name of foreign limited liability company)	***		
	(Name of foreign limited habitity company)			
2. New Hampshire	3. 02-0513945 w of which foreign limited liability (FEI number, if applicable)			
compa	iny is organized)			
4. January 5, 20	00 5. Perpetual Organization) (Duration; Year limited liability company w	vill canca f		
(Date of	organization) (Estation, Teat finited facility company we exist or "perpetual")	ANI CESSE I	J	
6. May 1, 2004	st transacted business in Florida, (See sections 608.501, 608.502, and 817.155, F.S.)			
		11.5EC	4	
7. 1725 Melody I	ane, Nokomis, Florida 34275	<u>→</u>	_ 	4,6
		^S. ∑	_2	20
	(Street address of principal office)	Û. T	PH	- 8
8. If limited liability of	ompany is a manager-managed company, check here 🔀		5	9 m
9. The name and usua	l business addresses of the managing members or managers are as follo	ws:	2	_
Cooffron A G	cimone, Managing Member, 1725 Melody Lane, Nokomis, FI	3427	5	
Geoffiey A. a	Cimone, managing nemoci, tras nevery name, noroming is	<u>. 9421</u>	=	·-
	. A			
				*
10. Attached is an original of	certificate of existence, no more than 90 days old, duly authenticated by the official having se law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for	custody o	frecord	sm
	te taw of which it is organized. (A priorocopy is not acceptable. If the ceatalicate is fir a roll cate under onth of the translator must be submitted.)	afir prific	agosa	
1. Nature of business	s or purposes to be conducted or promoted in Florida: To own, inves	st in,	 -	
manage and oper	ate hotels and to purchase the property necessary to d	lo so a	*bn	
	Geoffry J. Scinone, mer.			
	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.)			
	Geoffrey A. Scimone, Managing Member			

Typed or printed name of signee
*to engage in any other activities that may be lawfully conducted by a limited liability company.

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.

(Name) (Name) 1725 Melody Lane Florida street address (P.O. Box NOT ACCEPTABLE)	
(Name)	*
	₽
	<u> </u>
1725 Melody Lane	< i
Florida street address (P.O. Box NOT ACCEPTABLE)	
in the second se	7
Nokomis FL 34275-1450	
(City/State/Zip)	6

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

\$ 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 New Hampshire Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that REGAL INN OF HAMPTON BEACH, LLC is a New Hampshire limited liability company formed on January 5, 2000. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.





IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 11th day of May, A.D. 2004

William M. Gardner Secretary of State

William m. Dal