# M04000002482

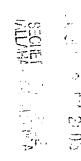
(Requesto	r's Name)
/A dalanca	
(Address)	
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(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
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(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 0	Officer:

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MO4-2412

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Hospitality and Resort Management, LLC			
(Name of Limited Liability Company)			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please return all correspondence concerning this matter to the following:			
Robert N. Riddle			
(Name of Person)			
Hospitality and Resort Management, LLC			
(Firm/Company)			
1500 Parkwood Circle			
(Address)			
Atlanta, GA 30339			
(City/State and Zip Code)			
Atlanta, GA 30339  (City/State and Zip Code)  For further information concerning this matter, please call:			
Bob Riddle at (404 ) 641-6885			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET ADDRESS:  MAILING ADDRESS:  Project to the Secretary Secret			
Registration Section Registration Section Division of Corporations Division of Corporations			
409 E. Gaines Street P.O. Box 6327			
Tallahassee, Florida 32399 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee			

### 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:

Hospitality and Resort Management, LLC (Name of Foreig	n Limited Liability Company)
Georgia (Jurisdiction under the law of which foreign limite company is organized)	3. 20-1269125
March 19, 2001 (Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
	siness in Florida, if prior to registration.) 508.502 F.S. to determine penalty liability)
1500 Parkwood Circle	
Atlanta, GA 30339 (Stre	eet Address of Principal Office)
. If limited liability company is a manager.  The name and usual business addresses of	-managed company, check here  of the managing members or managers are as follows:
Robert N. Riddle	
1500 Parkwood Circle	
Atlanta, GA 30339	DA .
	nore than 90 days old, duly authenticated by the official having custody of recor (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
1. Nature of business or purposes to be con	nducted or promoted in Florida: Hospitality Management and
Consulting	
Kawn -	Male
(In accordance with section of	er or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes natties of perjury that the facts stated herein are true.)
Robert N. Riddle	

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.

The name of the Limited Liability Cor ospitality and Resort Management, LLC	mpany is:	
2. The name and the Florida street address	ss of the registered agent and office are:	<del>1</del>
5. The hame and the Profite Street address	of or the foliatored about and arrive are.	
Robert N. Riddle		
	(Name)	<del></del>
707 South Atlantic Avenue	1	
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
Ormond Beach	FL 32176	
<u> </u>	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, Florida Statutes.

(Signature)

1 2: 3: Shile

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

Secretary of State **Corporations Division** 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

: 0114940 CONTROL NUMBER DATE INC/AUTH/FILED: 03/19/2001 : GEORGIA JURISDICTION PRINT DATE : 06/22/2004

FORM NUMBER : 211

HOSPITALITY AND RESORT MANAGEMENT, LLC ROBERT N. RIDDLE 1500 PARKWOOD CIRCLE ATLANTA, GA 30339

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of tate of Georgia, do hereby certify under the seal of my offic

> TALITY AND RESORT MANAGEMENT LIMITED LIABILITY

is in compliance with the applicable filing and annu of Title 14 of the Official Code of Georgia Annotated registration provisions

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretar

egal existence of the above-named entity not certify whether or not a notice of withdrawal, a statement of commencement ument has been filed or is pending with This certificate relates only to to as of the print date above. It content to dissolve an application to the It does no ation for w other-similar-document has of winding up or any the Secretary of State

issued and certified This information is accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040622181522802



Cathy Cox Secretary of State