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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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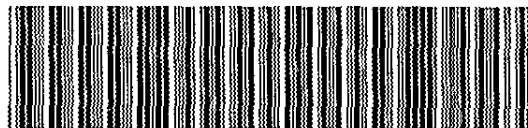
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-2-04



3388 Lonnbladh Rd
Tallahassee, FL 32308
(850) 574-4900
(850) 574-4918 Fax

Hampton Inn & Suites I-10 / Thomasville Rd. Tallahassee, FL

MEMORANDUM

Date: Monday, June 21, 2004

To: Registration Section

cc:

From: Ross Wagers, CHA

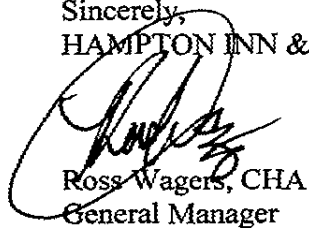
Subject: Registration Section

Please find enclosed the registration form for the Hampton Inn & Suites – I-10 / Thomasville Rd.

We are requesting additionally the designation of a registered agent and Certified Copy.

Please call me with any questions you may have at (704) 258-7677.

Sincerely,
HAMPTON INN & SUITES –I-10 / THOMASVILLE RD



Ross Wagers, CHA
General Manager

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TALLAHASSEE, FLORIDA

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:

Sunshine Capital Hotel, LLC

1. _____
(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. 5/28/03 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 8/12/04
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 3388 Lonnblad Rd, Tallahassee, FL 32308
(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:

Ross Wagers
90 Hampton Inn & Suites - I-10/Thomasville Rd
3388 Lonnblad Rd.
Tallahassee, FL 32308

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TALLAHASSEE, FLORIDA

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: Hotel; lodging

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.)

Ross Wagers

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 d/b/a
Hampton Inn & Suites - E-10/Thomasville Rd

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


Krista M. Torres
(Name)

1415 Willow Rd
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Monticello, FL 32344
(City/State/Zip)

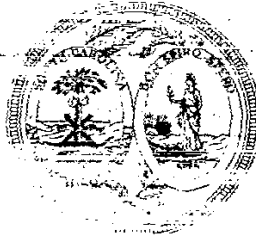
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TALLAHASSEE, FLORIDA

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)

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 HOTEL, 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 14th day of
June, 2004.

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

Mark Hammond, Secretary of State