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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGMA HOSPITALITIES, 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:

SEAN C. SELK, ESQ.
(Name of Person)

WOHLSIFER & ASSOCIATES, P.A.
(Firm/Company)

319 CLEMATIS STREET, SUITE 811
(Address)

WEST PALM BEACH, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

SEAN C. SELK at (561) 655-5114
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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04 JUN 10 PM 4:21
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:*

1. SIGMA HOSPITALITIES, LLC
(Name of Foreign Limited Liability Company)

2. NORTH CAROLINA 3. 561980264
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/10/1996 5. 4/30/2046
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 7/17/04
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

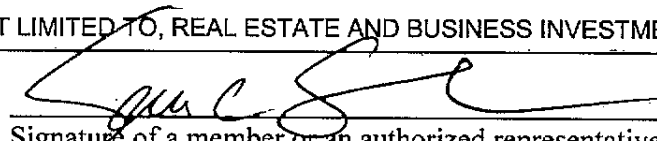
7. 101 FLAT CREEK ROAD
BLACK MOUNTAIN, NC 28711
(Street Address of Principal Office)

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:
DIPAK MAGAN, 101 FLAT CREEK ROAD, BLACK MOUNTAIN, NC 28711

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: ANY LAWFUL BUSINESS,
INCLUDING BUT NOT LIMITED TO, REAL ESTATE AND BUSINESS INVESTMENTS.


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.)
SEAN C. SELK

Typed or printed name of signee

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JUL 19 AM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

SIGMA HOSPITALITIES, LLC

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

WOHLSIFER & ASSOCIATES, P.A.

(Name)

319 CLEMATIS STREET, SUITE 811

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

WEST PALM BEACH

FL 33401

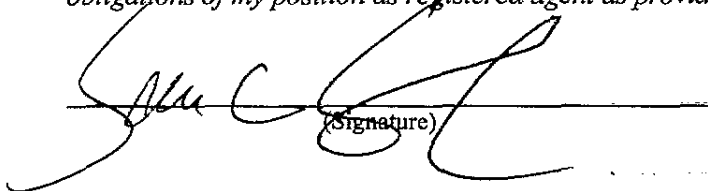
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

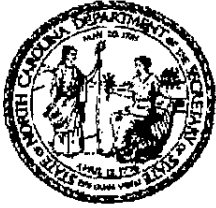
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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)

\$ 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 North Carolina

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

SIGMA HOSPITALITY, L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 10th day of May, 1996, with its period of duration being 4/30/2046.

I **FURTHER** certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 7th day of July, 2004.

Elaine F. Marshall

Secretary of State