M05000003663

(R	Requestor's Name)
(A	address)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
, (B	Business Entity Name)
(D	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



100056658141

U7/01/U5--01028--022 **125.00

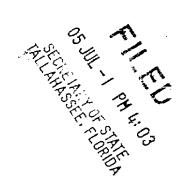
07/01/05--01028--023 **30.00 07/01/05--01028--024 **5.00



CT CORPORATION

July 1, 2005

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 6400151 SO

Customer Reference 1: Not Given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

SMS Hospitality LLC (MD) Registration Florida

SMS Hospitality LLC (MD) Certificate of Status-Foreign Florida

SMS Hospitality LLC (MD) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

1203 Governors Square Boulevard Tallahassee, FL 32301-2960 Tel. 850 222 1092 Fax 850 222 7615

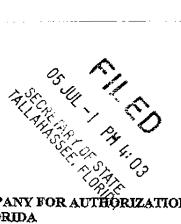
CT CORPORATION

Sincerely,

Ashley A Mitchell Fulfillment Specialist

Ashley_Mitchell@cch-lis.com

ALCHASSE, TORIOR



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SMS HOSPITALITY	LLC	
	. (Name of Foreign Lin	nited Liability Company)
Maryland		3, 20-0890693
Jurisdiction under the l ompany is organized)	aw of which foreign limited liab	ulity (FEI number, if applicable)
March 11, 2004		5. Perpetual
(Date of	Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	(Date first transacted business (See sections 608.501 & 608.50	s in Florida, if prior to registration.) 22 F.S. to determine penalty liability)
604 Lake Shore D	rive	
Pasadena, Marylan		_
	(Street Ad	idress of Frincipal Office)
If limited liability	company is a manager-man	naged company, check here 🔀
~~ ~~~~~ ~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~	southern in a manufer man	aged company, enough there (2)
Robert B. Munyon		managing members or managers are as follows:
604 Lake Shore Dr	ive	
Pasadena, Maryland	121122	
jurisdiction under the la relation of the certificate	ew of which it is organized. (A ph under eath of the translator must b	nan 90 days old, duly authenticated by the official having custody of recomposition of the control of the contr
the real estate project i	cnown as Country Inn & Suites,	7701 Universal Boulevard, Orlando, Florida.
	(In accordance with section 608.40	an authorized representative of a member. 08(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)
	Robert B. M	
	Typed or p	winted 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 th	c Limited Liability Compa	my is:		
SMS HOSPITALIT	YLC			<u> </u>
2. The name and	the Florida street address o	f the registered a	gent and office are:	
	CT	Corporation System		
		(Name)		
_	1200 S	South Pine Island Ro	ad	
	Florida Street Addr	ess (P.O. Box NO)	ACCEPTABLE)	~
	Plantation	FL_	33324	<u></u>
		City/State/Zip	•	
liability company of agent and agree to relating to the prop obligations of my p	d as registered agent and to at the place designated in the act in this capacity. I furth per and complete performan position as registered agent CT Corporation System	is certificate, I he er agree to comp ice of my duttes, a	reby accept the appointly with the provisions and I am familiar with the Chapter 608, Floridation	ntment as registered of all statutes and accept the

\$ 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SMS HOSPITALITY LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 01, 2005.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097