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SECRETARY OF STATE ALLAHASSEE, FLORID

OS OCT 12 MAIL: OZ



ACCOUNT NO. : 072100000032

REFERENCE: 646369

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: October 11, 2005

ORDER TIME : 9:55 AM

ORDER NO. : 646369-005

CUSTOMER NO: 4300123

FOREIGN FILINGS

NAME: HRP MYRTLE BEACH OPERATIONS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX ____ PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

	HRP Myrtle Be	each Operatio	ons, LLC		75	5
	(Name of Foreign	Limited Liability	Company)	·· <u>-</u>	<u> </u>	, 3
Delawa	re	3.	-	20-3601625	T.C.	
risdiction under the law of mpany is organized)	which foreign limited	liability	(FEI	number, if appli	cable)	05 007 12 0° 57 0° E
October 5,	2005	5.		perpetual	•	200
(Date of Organ	ization)	(Du	tration: Year I st or "perpetus	imited liability con l")	mpany will	O CO
(Da (See s	te first transacted busi sections 608.501 & 60	ness in Florida, if 8.502 F.S. to deter	prior to registi mine penalty	ration.) liability)		
622 E. Washington	Street, Suite	500	··		-· ·· -	
Orlando, FL 3280	1					
Offando, FE 3200.		t Address of Princ	inal Office)	• • • • • • • • • • • • • • • • • • • •		
The name and usual bus	iness addresses of	Ų J	• •	<u> </u>	as fo <u>l</u> lows	::
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The name and usual bus	iness addresses of	the managing r	• •	<u> </u>	as fo <u>l</u> lows	:
The name and usual bus	iness addresses of	the managing r	• •	<u> </u>	as follows	::
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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 and	l the Florida street add	ress of the registered agent and office are:	
	Corporation Servic	e Company	
		(Name)	
	1201 Hays Street		
	Florida Stree	t Address (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Tallahassee	FL 32301	
		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.

Corporation Service Company
By: Carla Lohi
(Signature) Asst. Vice President

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

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HRP MYRTLE BEACH OPERATIONS, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HRP MYRTLE BEACH OPERATIONS, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4218420

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4040869 8300

DATE: 10-11-05