

105000006435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Name	
Availability	
Document Examiner	
Updater	DCC
Indexer	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Office Use Only



300061395023

11/15/05--01045--016 **160.00

FILED

2005 NOV 22 P 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cart

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Placid Hotel, LLC f/k/a Lake Placid Ramada, 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:

Thomas M. Dryden

(Name of Person)

Thomas M. Dryden, P.L.

(Firm/Company)

4755 Summerlin Road, Unit 4

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Dryden

(Name of Person)

at (239) 337-2001

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

2005 NOV 22 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 21, 2005

THOMAS M. DRYDEN
THOMAS M. DRYDEN, P.L.
4755 SUMMERLIN ROAD, UNIT 4
FORT MYERS, FL 33919

SUBJECT: LAKE PLACID HOTEL, LLC
Ref. Number: W05000051936

We have received your document for LAKE PLACID HOTEL, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 305A00068574

2005 NOV 22 P 1:29
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

FILED

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Lake Placid Hotel, LLC f/k/a Lake Placid Ramada, LLC
(Name of Foreign Limited Liability Company)

2. Delaware 3. 65-0957208
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 1st, 2005 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 2165 Highway 27 South, Lake Placid, FL 33852

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

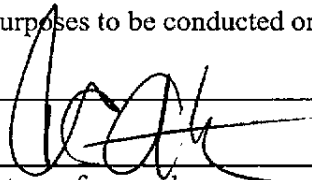
9. The name and usual business addresses of the managing members or managers are as follows:

Russ Attree - Member - 2165 Highway 27 South, Lake Placid, FL 33852

Russell Joshua Attree - Springing Member - 6401 Winkler Road, Fort Myers, FL 33919

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: own and operate hotel



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.)

Russ Attree

Typed or printed name of signee

FILED
2005 NOV 22 PM 1:29
TALLAHASSEE
SECRETARY OF STATE

**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:

Lake Placid Hotel, LLC f/k/a Lake Placid Ramada, LLC

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

Russ Attree

(Name)

2165 Highway 27 South,

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

Lake Placid,

FL 33852

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)

FILED
2015 NOV 22 P 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LAKE PLACID RAMADA, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LAKE PLACID HOTEL, LLC", THE NINTH DAY OF NOVEMBER, A.D. 2005, AT 11:12 O'CLOCK A.M.

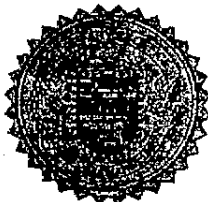
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKE PLACID RAMADA, LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILED

2005 NOV 22 P 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

4053683 8320

AUTHENTICATION: 4314178

050950752

DATE: 11-22-05