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SECRETARION SECRETARION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Sky Hotels, LLC							
(Name of Limited Liability Company)							
Florida," Certi		iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.					
Please return a	Il correspondence concerning this	matter to the following:					
	D. Mark Lineberry	· · · · · · · · · · · · · · · · · · ·					
	(Name of Person)						
	Blue Sky Hotels, LLC (Firm/Company)						
	·						
	P.O. Box 1767						
		(Address)					
	Mt. Juliet, TN 37121	State and Zim Code)					
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Debl	ie Garcia	at (<u>615</u>) <u>758–5836</u>					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
MAIL	ING ADDRESS:	STREET ADDRESS:					
Divisio	on of Corporations	Division of Corporations					
P.O. Box 6327		Clifton Building					
Tallaha	assee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a €	check for the following amount: 00 Filing Fee						

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

B1	ue Sky Ho	tels, LLC							
		(Name of	Foreign Limite	d Liab	ility Company)				
(Jurisc		e law of which foreign	n limited liability	3	20-3289 (FEI	038 number, if ap	oplicable)	-	
compa	ny is organized)							
	8/3/05	of Organization)		5	Perpetual (Duration: Year li		company wi	Cease t	
	(Date)	n Organization)			exist or "perpetual	")	· company wi		
τ	Jpon qu ali :						TAL Y	CE 05	
		(Date first transa (See sections 608.	cted business in 501 & 608.502 F	Florida S.S. to	a, if prior to registra determine penalty I	ation.) iability)	LAHA	DEC 2	T
1	16 Linebe	rry Boulevard,	Suite 301				SS	29	
							jii Ti	<u> </u>	C
	<u>ft. Juliet</u>	, TN 37122	(Street Addre	ss of F	rincipal Office)		9		<u>-</u>
- 411					.75.1		3	<u>-</u>	3
If lir	nited liability	y company is a ma	ınager-manag	ed co	трапу, спеск пе	ere [X]		•	
The	name and us	ual business addre	sses of the m	anagi	ng members or i	nanagers a	re as follow	s:	
				_	_				
_ <u>M</u>	rk Linebe	rry						<u>·</u>	_
Ρ.	0. Box 17	67							
Mt	. Jul <u>iet,</u>	TN 37121							'
jurisd nslatio	iction under the n of the certifica	al certificate of existence law of which it is orga- ate under oath of the tra- ess or purposes to	nized. (A photoc nslator must be s	opy is ubmitte	not acceptable. If the	e certificate is	in a foreign la		
i. ina	ture of busin	ess or purposes to	be collancied	or pr	officied in 1 for	ua,			
	<u>.</u>		11		A.,				•
		[]_M							
		Signature of a r	nember or an	authe	rized representa	tive of a m	ember		
		(In accordance with	section 608.408(3)), F.S.,	the execution of this	document cons	titutes		
		an affirmation under	r the penalties of p	erjury	that the facts stated he	erein are true.)			
		D. Mark L		tad ma	ma of signos	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 		
			Typed or print	icu Ila	ine 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 Comp	any is:		
Blue Sky Hotels, LLC		- 	=
2. The name and the Florida street address	of the registered a	gent and office are:	OS DEC SECRL TALLAH
D. Mark Lineberry	(Name)		FILEL C 29 PI AHASSEE
215 Celebration Plac Florida Street Add	M 12: 57		
Celebration	FL City/State/Zîp	34747	~
Celebration	FL City/State/Zip	34747	

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.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BLUE SKY HOTELS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 3, 2005, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 12, 2005.

DEAN HELLER Secretary of State

Ву

Certification Clerk