Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORFORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THE GROVE HOSPITALITY OPERATIONS, L.L.C.

Certificate of Status Certified Copy 1 Page Count 03,4 \$160.00 Estimated Charge

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Corporate Filing Menu

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2/14/2006

the second statement of the second se

IN COMPLANCE WITH SECTION BUSIS. FLOREDA STATUTISS, THE POLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIMBILITY COMPANY TO TRANSACT PURPLESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company)	•	
2. Delaware 3. Applied FOR		
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)	ı	
4. February 7, 2006 5. perpotual (Date of Organization) (Duration: Year limited liability company will cease to exist of "perpotual")		
6. upon qualification (Date first managed business in Florida, if prior to registration.)		
(Sec sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 3100 University Bostovard South, Suits 200		
Jacknonville, PL 32216		
(Street Address of Principal Office)		
8. If limited liability company is a manager-managed company, check here	201	VIC.
9. The name and usual business addresses of the managing members or managers are as follows:	2006 FEB 14	SECIN
Southeast Hospitality Operations, L.L.C.	<u></u>	97.0
3100 University Boulevard South, Suite 200 Jacksonville, FL 32216		
	3	
10. Attached is an original certificate of existence, no more than 90 days old, duly anthenticated 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 or is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	; O militale	- · ·
11. Nature of business or purposes to be conducted or promoted in Florida: Operation of hotel properties.		
Signature of a member or an authorized representative of a member. (In accordance with section 606.406(3), F.B., the execution of this describes constitutes		
on affirmation under the penalties of purjusy that the facts stated berein are true.) Michael F. Brach Andlancin J. A. c.		
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.

1.	The name of the limited liability company is:		
	The Grove Hospitality Operations, L.L.C.		
2.	The name and the Florida street address of the registered agent are: CT Componsation System NAME	2006 FEB 14	HAISION OF C
	T TOTAL P	30.	<u> </u>
	1200 South Pine Island Road	<u> </u>	
	Florida street address (P. O. Box NOT ACCEPTABLE)	1: 08	
	Plantation FL 33324		
	City, State and Zip		
lia reg all	aving been named as registered agent and to accept service of process for the above stated bility company at the place designated in this certificate, I hereby accept the appointing stered agent and agree to act in this capacity. I further agree to comply with the provist statutes relating to the proper and complete performance of my duties, and I am familial daccept the obligations of my position as registered agent.	ient as ions of	
		ť	
	Connie Bryan SIGNATURE CONNIE BRYAN SIGNATURE		

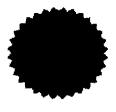
Filing Fee: \$ 35 for Designation of Registered Agent

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "THE GROVE HOSPITALITY OPERATIONS, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF FEBRUARY, A.D. 2006.

2006 FER H. PM 1: 08



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Warnet Smith Hindan
Herriet Smith Windson, Secretary of State

AUTHENTICATION: 4522018

PATE: 02-14-06