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BRENDA J. YURICK

5500 Brooktree Road, Suite 302 Wexford, PA 15090 (724) 935-0500 • Fax (724) 935-5077 e-mail: byurick@yuricklaw.com

October 27, 2006

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

Re: DOC Ft. Myers II, LLC

Dear Sir/Madam:

The enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Good Standing and check in the amount of \$125.00 are submitted to register the above-referenced foreign limited liability company to transact business in Florida. Please be so kind as to date stamp the additional copy of the Application and return to the undersigned in the business reply envelope provided.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Brenda J. Yurick

/aob Enclosures

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:

| 1. | DOC Ft. Myers II, LLC | | | |
|---------------|---|---------|--|--|
| _ | (Name of Foreign Limited Liability Company) | _ | | |
| 2. I | Delaware 3. 20-4760036 | | | |
| (J | urisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized) | _ | | |
| 4. | 12/7/2005 5. perpetual | | | |
| • | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |) | | |
| 5. | | _ | | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | | |
| 7 | 1520 Broadway Street, Suite 104, Fort Myers, FL 33901 | | | |
| • | THE SECOND | | | |
| - | (Street Address of Principal Office) | | | |
| | (Street Address of Principal Office) ω | Taxan . | | |
| 3. I | If limited liability company is a manager-managed company, check here | | | |
| 9. 7 | The name and usual business addresses of the managing members or managers are as follows: == | | | |
| | Phillip E. Hugh, Manager | _ | | |
| | 1520 Broadway Street, Suite 104 | _ | | |
| | Fort Myers, FL 33901 | | | |
| he ji rans | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of nurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under oath of the translator must be submitted.) | | | |
| 11. | Nature of business or purposes to be conducted or promoted in Florida: acquire, own and operate a | _ | | |
| - | nationally branded franchise hotel | | | |
| | Atto SH | _ | | |
| | 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.) Phillip E. Hugh, Manager | | | |
| | | | | |

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.

| 2. The name and the Florida street address of the registered agent and office are: Phillip E. Hugh (Name) 1520 Broadway Street, Suite 104 Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Myers FL 33901 City/State/Zip | 1. The name of | of the Limited Liability (| Company is: | | |
|--|-----------------|----------------------------|---|----------------|--|
| Phillip E. Hugh (Name) 1520 Broadway Street, Suite 104 Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Myers FL 33901 | DOC Ft. Myers I | II, LLC | | · - | |
| (Name) 1520 Broadway Street, Suite 104 Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Myers FL 33901 | 2. The name a | and the Florida street add | dress of the registered agent and office are: | | |
| Fort Myers Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Myers FL 33901 | | Phillip E. Hugh | | | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Myers FL 33901 | | | (Name) | | |
| Fort Myers FL 33901 | | 1520 Broadway Street, Su | uite 104 | | |
| | | Florida Stree | et Address (P.O. Box NOT ACCEPTABLE) | | |
| City/State/Zip | | Fort Myers | FL ³³⁹⁰¹ | | |
| 0.17.0 | | | 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.

Phillip E. Hugh

\$ 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

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOC FT. MYERS II, 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 TWENTIETH DAY OF OCTOBER, A.D. 2006.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 5131722

DATE: 10-20-06

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