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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isin ess Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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RECTION MILLS

FREDECT OF THE PROPERTY OF THE

DEPARTMENT OF STATE * ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Reference: (Sub Account)		PER ST
Date:	12/19/06	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	STEP TO THE PROPERTY OF THE PR
Telephone:	(850) 513-3619 - direct (850) 224-1585	D ATE THOMS
Contact Name:	Kim Pullen, CLA	
Corporation Name:	PHREG-Jacks	onville, LLC
Entity Number: Authorization:	Lini Pell	<u></u>
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments_	Certificate of Status Annual Report Registration
(X)Call When Ready	(X) Call if Problem	() After 4:30
(X) Walk In	()Will Wait	(X) Pick Up
CF Internal Use Only Client: 51697	Matter: 29865	

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

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Reference: (Sub Account)		ALAHASE ON 3.33
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(X) Call When Ready	(X)Call if Problem	() After 4:30
(X)Walk In	()Will Wait	(X) Pick Up
CF Internal Use Only Client: 51697		

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: PHREG - Jacksonville, LLC (Name of Limited Liability Company)	
TO: Registration Section	A
Division of Corporations	
SUBJECT: PHREG - Jacksonville, 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:	
Cristin A. Conley, Esquire	
(Name of Person)	
Carlton Fields	
(Firm/Company)	
4221 W. Boy Scout Boulevard, Suite 1000	
(Address)	
Tampa, FL 33607	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Cristin A. Conley at (_813) 229-4211	
(Name of Person) (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	

\$125.00 Filing Fee \$\Bigs\\$130.00 Filing Fee & \$\Bigs\\$\$155.00 Filing Fee & \$\Bigs\\$\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy

Enclosed is a check for the following amount:

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

I COMPLIANCE WITH SECTION 608.503, FLORID. MITED LIABILITY COMPANY TO TRANSACT BUSINE	A SIATUTES, THE FOLLOWIN ISS INTHE STATE OF FLORIDA	G IS SUBMITTED TO R	EGBJER A FOREIGN
PHREG - Jacksonville, LLC		P.S.	7 B
(Name of Foreign	n Limited Liability Company)	-	10 C
South Carolina	3 20-5996563		1877 3 C
COMPLIANCE WITH SECTION 608303, FLORID MITED LIABILITY COMPANY TO TRANSACT BUSINE PHREG - Jacksonville, LLC (Name of Foreign South Carolina Jurisdiction under the law of which foreign limited company is organized)	Hiability (FE	I number, if applicable)	(C)
October 24, 2006	5. December 31, 2	056	All
(Date of Organization)	(Duration: Year exist or "perpetu	•	
(Date first transacted bus (See sections 608 501 & 6	iness in Florida, if prior to regist 08.502 F.S. to determine penalty	tration.)	8 1
·	•	Z.	
5160 St. Andrews Island Drive, Vero Beach,	FL 32967		The state of the s
			06 arc 9 pt 3: 33
(Stre	et Address of Principal Office)		- Co
		_	
If limited liability company is a manager-	managed company, check l	here ✓	OF W
CTT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ed	C 11	6
The name and usual business addresses of	the managing members of	r managers are as foll	ows: 🏏
Homecourt Hospitality, LLC, 5160 St. Andrev	ws Island Drive, Vero Beach,	FL 32967	
			
. Attached is an original certificate of existence, no mo	• • •	•	-
jurisdiction under the law of which it is organized. (A		the certificate is in a foreig	n language, a
nslation of the certificate under oath of the translator n	nust be submitted.)		
. Nature of business or purposes to be con	ducted or promoted in Flor	rida:	
Operating Hotel in Florida	·		
Operating Florer III Florida			
Janu	W. am		
Signature of a member	r or an authorized represent	tative of a member.	
/(In accordance with section 6)	08.408(3), F.S., the execution of this	is document constitutes	
	ulties of perjury that the facts stated		
	ident of Park Place at Sebast	Jan, MC., Welliver	
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 o	of the Limited Liability Company is:
PHREG - Jacks	sonville, LLC
2. The name a	and the Florida street address of the registered agent and office are:
	James W. Turner
	(Name)
	5160 St. Andrews Island Drive
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Vero Beach FL 32967
	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)

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PHREG - JACKSONVILLE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 24th, 2006, with a duration that is until December 31st, 2056, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 24th day of October, 2006.

Mark Hammond Secretary of Stat