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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	20 80 A
Reference: (Sub Account)		
Date:	12/19/06	意見名
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	: 39 ATTONS
Telephone:	(850) 513-3619 - direct (850) 224-1585	
Contact Name:	Kim Pullen, CLA	
Corporation Name:	Homecourt H	ospitality-Tampa, L
Entity Number:		
Authorization:	Kim Pul	len
Certified Copy		Certificate of Status
New Filings	Plain Stamped Copy	Annual Report
Fictitious Name	Amendments	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 NameCrusten Couley C	Matter: 29065 Office: TRA	· · · · · ·

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

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Fictitious Name	Amendments	Registration
(X)Call When Ready (X)Walk In	(X)Call if Problem ()Will Wait	() After 4:30 (X) Pick Up
CF internal Use Only	2015	

Name Wisten Coulty Office: TRA

COVER LETTER

TO: Registration Section Division of Corporations

ALL DANS	PEC 19 PM	
TALLAHINGSEE	or stonion	, O

SUBJECT:	Homecourt Hospitality - Tampa, 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:

	(Name of Person)
	(
Carlton Fields	
	(Firm/Company)
4221 W. Boy Scout Boulevard, Su	ite 1000
	(Address)
Tampa, FL 33607	
(Ci	ty/State and Zip Code)
(Cinther information concerning this matter Cristin A. Conley	r, please call:
rther information concerning this matter	r, please call:
rther information concerning this matter	r, please call:at (813)
Cristin A. Conley (Name of Person)	at (813) 229-4211 (Area Code & Daytime Telephone Number)
Cristin A. Conley (Name of Person) MAILING ADDRESS:	at (813) 229-4211 (Area Code & Daytime Telephone Number) STREET ADDRESS: Division of Corporations Clifton Building
Cristin A. Conley (Name of Person) MAILING ADDRESS: Division of Corporations	at (813) 229-4211 (Area Code & Daytime Telephone Number) STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle
Cristin A. Conley (Name of Person) MAILING ADDRESS: Division of Corporations P.O. Box 6327	at (813) 229-4211 (Area Code & Daytime Telephone Number) STREET ADDRESS: Division of Corporations Clifton Building

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

IN COMPLIANCE WITH SECTION 008303; LIMITED LIABILITY COMPANY TO TRANSAC	FLORIDA SCALUTES, TBUSINESS IN THE S	THE FOLLOWING IS SUBMITTED : FATEOFFLORIDA:	DO JOSEPH A ROBERTON
1. Homecourt Hospitality - Tampa, LLC			The state of the s
(Name	of Foreign Limited Lia	bility Company)	(A)
2. South Carolina	3.	20-5997036	They to
(Jurisdiction under the law of which fore company is organized)	gn limited liability	(FEI number, if applic	able)
4. October 23, 2006	5.	December 31, 2056	100
(Date of Organization)		(Duration: Year limited liability corexist or "perpetual")	npany will cease to
6			
(Date first tran (See sections 60)	acted business in Flori 3.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)	
7 5160 St. Andrews Island Drive, Verd		• • • • • • • • • • • • • • • • • • • •	
7. 5100 St. Andrews Island Drive, Verd	, Deadii, 1 L. 02301		
	(Street Address of	Principal Office)	,
8. If limited liability company is a n	nanager-managed co	ompany, check here 🗸	
9. The name and usual business add	recces of the manag	ing members or managers are a	s follows:
	_	_	J 10110 1101
Homecourt Hospitality, LLC, 5160 S	it. Andrews Island Dr	ive, Vero Beach, FL 32967	
10 44 1 1 2 2 4 5 4 6	4 00 4		har in a septech of marries in
10. Attached is an original certificate of existe the jurisdiction under the law of which it is on	nce, no more train 90 da ganized. (A photocopy i	ys out, outry admict the act by the official s not acceptable. If the certificate is in a	foreign language, a
translation of the certificate under oath of the t			
		,	
11. Nature of business or purposes t	o be conducted or p	romoted in Florida:	
Operating Hotel in Florida			
La	un W.	Luci	
Signature of a	member or an auth	orized representative of a memb	er.
(In/accordance wit	h section 608.408(3), F.S.	, the execution of this document constitute that the facts stated herein are true.)	S
		r Place at Sebastian, Inc., Member	
	Typed or printed r		

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	of the Limited Liability	Company is:	
Homecourt Hos	spitality - Tampa, LLC		-
2. The name a	and the Florida street ad	dress of the registered agent and office are:	
	James W. Turner		<u> </u>
		(Name)	<u> </u>
	5160 St. Andrews Islan	nd Drive	**
	Florida Str	eet 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:

HOMECOURT HOSPITALITY - TAMPA, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 23rd, 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 23rd day of October, 2006.

Mark Hammond, Secretary of State