# M06000007019

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800082025438

RECEIVED

06 DEC 19 AM 11: 42

OF THE PROPERTY OF THE PROPERTY

OG DEC 19 PM 3:3

# DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	0
Reference: (Sub Account)		- Profes
Date:	12/19/06	TAMASSE RICE
Requestor Name:	Carlton Fields	E. E. S.
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	RIOA
Telephone:	(850) 513-3619 - dírect (850) 224-1585	
Contact Name:	Kim Pullen, CLA	
Corporation Name:	Homecourt +	tospitality, LLC
Entity Number: Authorization:	Rim Re	llen
Certified Copy	Plain Stamped Copy	Certificate of Status 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	Matter: 29065	₹

#### **DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET**

1 '	DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET	ALL SE T
Account Number	FCA00000017	ALLAHASSEE R. B.
Reference: (Sub Account)		- Flores
Date:	12/19/06	——————————————————————————————————————
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 513-3619 - direct (850) 224-1585	
Contact Name:	Kim Pullen, CLA	
Corporation Name:	Homecourt +	tospitality, LLC
Entity Number: Authorization:	Vin Re	llen
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: 29065	

#### **COVER LETTER**

• `	•	
•	•	COVER LETTER PARTY OF THE STATE
	egistration Section ivision of Corporations	
CHDIEC	T: Homecourt Hospitality, LLC	
SUBJEC		Limited Liability Company)
	(rame or	Diffice Diability Company)
Florida,"		I Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la
Please ref	turn all correspondence concerning the	is matter to the following:
	Cristin A. Conley, Esquire	
	.,	(Name of Person)
	Carlton Fields	(Firm/Company)
	4221 W. Boy Scout Boulevard, Sui	te 1000
		(Address)
	Tampa, FL 33607	
	(Cit	y/State and Zip Code)
For furthe	er information concerning this matter	, please call:
С	ristin A. Conley	at ( 813 ) 229-4211
_	(Name of Person)	(Area Code & Daytime Telephone Number)
TM	IAILING ADDRESS:	STREET ADDRESS:
	ivision of Corporations	Division of Corporations
	O. Box 6327	Clifton Building
T	allahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$\Begin{array}| \precent{125.00 Filing Fee} & \Begin{array}| \precent{130.00 Filing Fee} & \Begin{array}| \Begin{array}| \precent{155.00 Filing Fee} & \Begin{array}| \precent{155.00 Filing Fee} & \Begin{array}| \precent{156.00 Filing Fee}, Certificate \\
\text{Certificate of Status} & \text{Certified Copy} \end{array}\$

## 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:

Homecourt Hospitality, LLC		2. 8 1
(Name of Forei	gn Limited Liability Company)	艺艺
South Carolina	3. N/A	76
(Jurisdiction under the law of which foreign limit company is organized)	ed liability (FEI number	er, if applicable)
July 20, 2006	5. Perpetual	
(Date of Organization)	(Duration: Year limited exist or "perpetual")	liability company will cease to
(Date first transacted by	usiness in Florida, if prior to registration.)	7
`	608.502 F.S. to determine penalty liability	у)
5160 St. Andrews Island Drive, Vero Beach	, FL 32967	
/Stu	reet Address of Principal Office)	
ţ Du	occitation of the partition	
If limited liability company is a manager	r-managed company, check here	]
		<b>-</b>
The name and usual business addresses	of the managing members or mana	gers are as follows:
James W. Turner, 5160 St. Andrews Island	Drive Vero Beach El 32967	
banes vr. Tarrer, 5 to 6c. 78 dicho tolare	Dirio, Toto Bodon, . L. oxeo.	<del></del>
). Attached is an original certificate of existence, no r	nore than 90 days old, duly authenticated by	the official having custody of records
e jurisdiction under the law of which it is organized.		ficate is in a foreign language, a
nslation of the certificate under oath of the translator	:must be submitted.)	
. Nature of business or purposes to be co	onducted or promoted in Florida:	
Operating Hotel in Florida		
Jann	W. Jum	
	per or an authorized representative	of a member.
In accordance with section	608.408(3), F.S., the execution of this documenalties of perjury that the facts stated herein a	ent constitutes
James W. Turner, Ma	naging Member	
Typec	d or printed name of signee	··· · · <del></del>

## 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 C	Company is:	
Homecourt Hor	spitality, LLC		
2. The name a	and the Florida street add	ress of the registered agent and office are:	
	James W. Turner	<u> </u>	
(Name)			<del> </del>
	5160 St. Andrews Island	d Drive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			<del></del>
	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.

\$ 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, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 20th, 2006, with a duration that is at will, 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 14th day of December, 2006.

Mark Hammond, Secretary of State