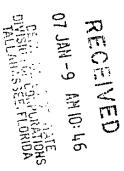
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| (Re                     | questor's Name   | )            |  |  |  |
|-------------------------|------------------|--------------|--|--|--|
| (Ad                     | dress)           |              |  |  |  |
| · (Ad                   | dress)           |              |  |  |  |
| (Cit                    | y/State/Zip/Phor | ne #)        |  |  |  |
| PICK-UP                 | ☐ WAIT           | MAIL         |  |  |  |
| (Bu                     | siness Entity Na | ime)         |  |  |  |
| (Document Number)       |                  |              |  |  |  |
| Certified Copies        | _ Certificate    | es of Status |  |  |  |
| Special Instructions to | Filing Officer.  |              |  |  |  |
|                         | Office Use O     | nly          |  |  |  |



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Reinstatement

UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

January 9, 2007

CORPORATION NAME (S) AND DOCUMENT NUM

MG-Plantation FL, LLC

|  |  |             |  | T           |
|--|--|-------------|--|-------------|
| Filing Evidence  □ Plain/Confirmation Copy |  | opy         | Type of Docume  ☐ Certificate of Sta                       | <u>ent</u>  |
|  | □ Certified Copy                             |             | □ Certificate of Go  | od Standing |
|  |  |             | □ Articles Only  |             |
|  | Retrieval Request  Photocopy  Certified Copy |             | ☐ All Charter Docu<br>Articles & Amen<br>☐ Fictitious Name | adments     |
|  | NEW FILINGS                                  |             | AMENDMENTS   |             |
|  | Profit                                       |             | Amendment  |             |
|  | Non Profit                                   |             | Resignation of RA Officer/Director                         |             |
|  | Limited Liability                            |             | Change of Registered Agent                                 | •           |
|  | Domestication Dis                            |             | Dissolution/Withdrawal                                     |             |
|  | Other  |             | Merger   |             |
|  |  | <del></del> |  | •           |
|  | OTHER FILINGS                                |             | REGISTRATION/QUALIFICATION                                 |             |
|  | Annual Reports                               |             | Foreign  |             |
|  | Fictitious Name                              | X           | Limited Liability  |             |
|  | Name Reservation                             |             | Reinstatement  |             |

Trademark

Other

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

| М  | G-PLANTATION FL,  | LLC  |   |
|--|---|--|---|
|  | (Name of Fo   | reign Limited Lit  | bility Company)   |
| D  | ELAWARE   | 3.   |   |
| isdiction under<br>pany is organiz   | ELAWARE<br>the law of which foreign limed)  | nited liability  | (FEI number, if applicable)   |
|  | ANUARY 3, 2007  | 5.   | Perpetual   |
| (Dat   | e of Organization)  |  | (Duration: Year limited liability company will cease to exist or "perpetual")   |
|  | Upon filing   | J  |   |
|  | (Date first transacted<br>(See sections 608.50)   | business in Flori<br>& 608.502 F.S. to   | da, if prior to registration.)<br>o determine penalty liability)  |
| c/o Mag  | ma Hospitality G  | roup, 1485   | South County Trail, 2nd Floor   |
|  |   | E. Gr  | eenwich, Rhode Island 02818   |
|  | (8  |  | Principal Office)   |
| e name and u   |   | s of the manag   | ing members or managers are as follows:   |
| ne name and u  | sual business addresses   | s of the manag   | · · ·   |
| Magna G 1485 So ached is an origination under finite certification of the certification of th | reen II, LLC - outh County Trail  | s of the manager of Magna, 2nd Floor more than 90 day L (A photocopy is printed by submitted as a function of the control of t | ing members or managers are as follows:  Hospitality Group  r, E. Greenwich, Rhode Island 02816  sold, duly authenticated by the official having custody of recontacceptable. If the certificate is in a foreign language, a red.)                      |
| Magna G  1485 So  ached is an origination under the contribution of the certificature of busin   | reen II, LLC - outh County Trail,  mal certificate of existence, no elaw of which it is organized attender oath of the translate  | s of the manage c/o Magna , 2nd Floor more than 90 day l (A photocopy is a must be submit  | ing members or managers are as follows:  Hospitality Group  r, E. Greenwich, Rhode Island 02816  sold, duly authenticated by the official having custody of recondacceptable. If the certificate is in a foreign language, a red.)  romoted in Florida: |
| Magna G  1485 So  ached is an origination under the contribution of the certificature of busin   | usual business addresses  reen II, LLC - o  uth County Trail  mal certificate of existence, no  e law of which it is organized  zate under cash of the translation                          | s of the manage c/o Magna , 2nd Floor more than 90 day l (A photocopy is a must be submit  | ing members or managers are as follows:  Hospitality Group  r, E. Greenwich, Rhode Island 02816  sold, duly authenticated by the official having custody of recondacceptable. If the certificate is in a foreign language, a red.)  romoted in Florida: |
| Magna G  1485 So  ached is an origination under the ion of the certificature of busin  | reen II, LLC - outh County Trail  mal crificate of existence, no elaw of which it is organized  mess or purposes to be of ge in activities  Signature of a memi (In accordance with section | s of the manage c/o Magna , 2nd Floo  moretian 90 day l (A photocopy is remistless in micronducted or prelated to ber or an authon 608.408(3), F.S.,   | ing members or managers are as follows:  Hospitality Group  r, E. Greenwich, Rhode Island 02816  sold, duly authenticated by the official having custody of recondacceptable. If the certificate is in a foreign language, a red.)  romoted in Florida: |

### 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.

| TATION FL, LLC   |   |   |  |  |  |
|--|---|---|--|--|--|
| rida street address of   | the registered  | agent and office ar   | re:  |  |  |
| UNITED CORPORA   | TE SERVICE  | s, inc.   |  |  |  |
|  | (Name)  |   | <del></del>  |  |  |
| 9200 South Dadeland Blvd Suite 508   |   |   |  |  |  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)   |   |   |  |  |  |
| Miami  | FI.   | 33156   |  |  |  |
|  | City/State/Zip  |   |  |  |  |
| ace designated in this<br>his capacity. I furthe<br>complete performanc<br>as registered agent a | r certificate, I h<br>r agree to com,<br>se of my duties,<br>s provided for .   | ereby accept the apply with the provision and I am familiar vin Chapter 608, Flo  | pointment as registered<br>ons of all statutes<br>with and accept the<br>orida Statutes.   |  |  |
|  | rida street address of UNITED CORPORA  OO South Dadel.  Florida Street Addre  Miami  gistered agent and to the lace designated in this this capacity. I furthe complete performance as registered agent a | united corporate service.  (Name)  On South Dadeland Blvd.  Florida Street Address (P.O. Box NO Miami  FL  City/State/Zip  gistered agent and to accept service accept service in this certificate, I his capacity. I further agree to complete performance of my duties, as registered agent as provided for the complete of | rida street address of the registered agent and office at UNITED CORPORATE SERVICES, INC.  (Name)  100 South Dadeland Blvd Suite 508  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Miami 33156  FL  City/State/Zip  gistered agent and to accept service of process for the address designated in this certificate, I hereby accept the agents capacity. I further agree to comply with the provisit complete performance of my duties, and I am familiar as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida as registered agent as provided for in Chapter 608, Florida agent |  |  |

\$ 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

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MG-PLANTATION FL, 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 EIGHTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MG-PLANTATION FL, LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

A STATE OF THE STA

**4277767 8300** 070019809 Varnet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5335387

DATE: 01-08-07