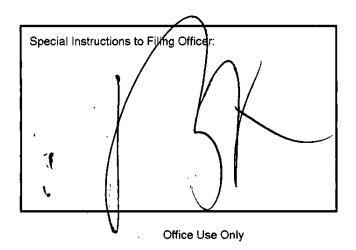
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(Re	questor's Name)	
(Ad	ldress)	_
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
`	•	•
(Do	cument Number)	
Certified Copies	Certificates of Status	





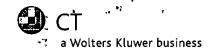
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03/27/07--01024--003 **35.00

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03/23/07--01023--017 **125.00

C URA PORT



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

March 23, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301



Re:

Order #: 6882922 SO

Customer Reference 1: none given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

A-R HHC Orlando Convention Hotel Member, LLC (DE) Registration Florida

A-R HHC Orlando Convention Hotel, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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

COMPLIANCE WITH SECTION 608303, FLORIDA S. TTED LIABILITY COMPANY TO TRANSACT BUSINESS .	TATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG IN THE STATE OF FLORIDA:
A-R HHC ORLANDO CONVENTION HOTEL	MONORPO TIC
(Name of Foreign Li	imited Liability Company)
	· 文代 。
DELAWARE	<u> 3. </u>
urisdiction under the law of which foreign limited lia ompany is organized)	INTHE STATE OF FLORIDA: MEMBER, LLC imited Liability Company) Spillity The Following is Submitted to Register & Foreign Member, if applicable imited Liability Company The Following is Submitted to Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member, if applicable imited Liability Company will cease to the Register & Foreign Member & Foreign &
MARCH 21, 2007	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
UPON FILING OF THIS APPLICATION	•
(Date first transacted busines	ss in Florida, if prior to registration.) 502 F.S. to determine penalty liability)
4669 SOUTHWEST FREEWAY, SUITE 40	0
HOUSTON, TEXAS 77027	
	Address of Principal Office)
	· ·
If limited liability company is a manager-ma	_
The name and usual business addresses of th	ne managing members or managers are as follows:
APOLLO RIDA ORLANDO CONVENTION H	OTKL. LLC
4669 SOUTHWEST PREEWAY, SUITE 400	0
HOUSTON, TEXAS 77027	
Attached is an original certificate of existence, no more fi jurisdiction under the law of which it is organized. (A pl islation of the certificate under oath of the translator must	than 90 days old, duly authenticated by the official having custody of records i hotocopy is not acceptable. If the certificate is in a foreign language, a t be submitted.)
Nature of business or purposes to be conduc	cted or promoted in Florida: TO OWN AN INTEREST IN
A DELAWARE LIMITED LIABILITY COMP	PANY THAT WILL DO BUSINESS IN THE STATE OF FLOR
// / /	
II LEC	11)11e1
Signature of a member or	r an authorized representative of a member.
(In accordance with section 608.4	r an authorized representative of a member. 408(3), F.S., the execution of this document constitutes
(In accordance with section 608.4	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

17.4

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.

	f the Limited Liability Compa C ORLANDO CONVENTION IN	•	. IIC
	nd the Florida street address o		
	CT CORPORATION SY	'STEM	
		(Name)	
	1200 SOUTH PINE I	SLAND ROAD	
	Florida Street Addr	ess (P.O. Box N	OT ACCEPTABLE)
	PLANTATION	FL	3332A
		City/State/Zip	P
liability compar agent and agree relating to the p obligations of n	ny at the place designated in the eto act in this capacity. I furth proper and complete performantly position as registered agent FION SYSTEM CONNIE	is certificate, I er agree to con ice of my duties as provided for	e of process for the above stated limited hereby accept the appointment as register mply with the provisions of all statutes is, and I am familiar with and accept the r 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)

Delaware

D#/20

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A-R EEC ORLANDO CONVENTION BOTEL MEMBER, 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 TWENTY-FIRST DAY OF MARCE, A.D. 2007.

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

4320553 8300 070340550

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 5525335

DATE: 03-21-07