

MU7000001998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

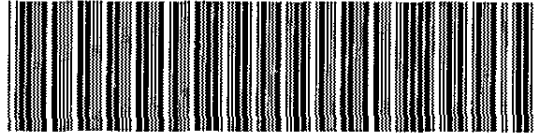
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07 APR -5 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 835072 4322610

AUTHORIZATION

Spuddean

COST LIMIT : \$ 125.00

FILED
07 APR -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 3, 2007

ORDER TIME : 11:30 AM

ORDER NO. : 835072-010

CUSTOMER NO: 4322610

FOREIGN FILINGS

NAME: SUMMERFIELD HOTEL COMPANY,
L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER: _____

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:

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07 APR -5 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 1. Summerfield Hotel Company, L.L.C. (Name of Foreign Limited Liability Company)
2. Kansas (Jurisdiction under the law of which foreign limited liability company is organized)
3. 48-1046692 (FEI number, if applicable)
4. February 8, 2006 (Date of Organization)
5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing (Date first transacted business in Florida, if prior to registration)
7. 71 S. Wacker Drive, 14th Floor Legal Dept. Chicago, IL 60606 (Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here []

9. The name and usual business addresses of the managing members or managers are as follows:

Table with 2 columns: Name and Address. Row 1: PAH - Summerfield LLC, 71 S. Wacker Drive, 14th Floor Legal Dept., Chicago, IL 60606. Row 2: SHC LP, LLC, 71 S. Wacker Drive, 14th Floor Legal Dept., Chicago, IL 60606.

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Manager and franchisor of Summerfield branded hotels

Mary J. Turilli
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Mary J. Turilli, Authorized Representative
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 of the Limited Liability Company is:

Summerfield Hotel Company, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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.

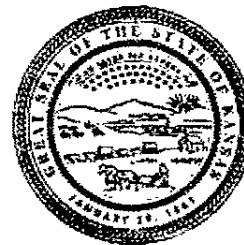
Corporation Service Company

By: 

(Signature)

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

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH**



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: SUMMERFIELD HOTEL COMPANY, L.L.C.

Structure: KANSAS LIMITED LIABILITY COMPANY

Business Entity ID Number: 3896982

Was filed in this office on February 08, 2006 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 04/04/2007.

A handwritten signature in black ink, appearing to read "Ron Thornburgh".

**RON THORNBURGH
SECRETARY OF STATE**

Certificate ID: 74259 - To verify the validity of this certificate please visit <https://www.accesskansas.org/businessentity/validate.html> and enter the certificate ID number.