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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAY 17 AM II:

#### **COVER LETTER**

_	ision of Corporations		
SUBJECT			
	(Name of	Limited Liability Company)	
Florida," C		d Liability Company for Authorization to Tra are submitted to register the above referenced da	
Please retur	rn all correspondence concerning the	his matter to the following:	
	Steve Hampton, Tax Direc	etor	
		(Name of Person)	
	InTown Lessee Associates,	LLC	7s 07
		(Firm/Company)	HAY FAR
	2727 Paces Ferry Road, Su	ite II-1200	17 NARY SSEE
	***************************************	(Address)	07 MAY 17 AN II: 3: SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Atlanta, Georgia 30339-61	104	: 37 ATE RIDA
	(Ci	ty/State and Zip Code)	<del></del>
For further	information concerning this matter	r, please call:	
St	teve Hampton	at (770 ) 799-5000	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
MA	ILING ADDRESS:	STREET ADDRESS:	
Div	ision of Corporations	Division of Corporations	
· -	. Box 6327	Clifton Building	
1 a 11	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following amount:  125.00 Filing Fee \$\square\$	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing	g Fee, Certificate atus & Certified Copy

### 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:

IT Tenant ORL, LLC		
(Name of Foreign Limited	Liability Company)	
Delaware	3. 20-8970457	
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if appli	cable)
April 25, 2007	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability co exist or "perpetual")	mpany will cease to
, N/A		
(Date first transacted business in Fl (See sections 608.501 & 608.502 F.S	orida, if prior to registration.)  S. to determine penalty liability)	07
2727 Paces Ferry Road, Suite II-1200, Atla		ECRE
		17 A)
(Street Address	of Principal Office)	<del></del>
. If limited liability company is a manager-managed	l company, check here	AM II: 3.
. The name and usual business addresses of the mar	naging members or managers are a	<i>y</i> ~
InTown Lessee Associates, LLC, a Delaw		
2727 Paces Ferry Road, Suite II-1200, At		
	, 000.8	
0. Attached is an original certificate of existence, no more than 90		
he jurisdiction under the law of which it is organized. (A photocop ranslation of the certificate under oath of the translator must be sub	-	r roteratur raustrasse; st
Nature of business or purposes to be conducted or	or promoted in Florida:	
Extended Stay Accommodations		
Tabl		•
Signature of a member or an au	ithorized representative of a mem	<del></del> ber.
(In accordance with section 608.408(3), I	F.S., the execution of this document constitut	
an affirmation under the penalties of per Dennis V	I. Cassel, Secretary	
-	d name of signee	<u>—</u>

### FILED

### 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	d Liability Company is:	
IT Tenant ORL, LLC		
2. The name and the Florid	da street address of the registered agent and office are:	
CT Corp	poration System	
	(Name)	7 S
1200 So	uth Pine Island Road c/o CT Corporation System	SECRETAR TALLAHASS
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	TARY USSE
Plantatio	n <sub>FL</sub> 33324	FES =
	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.

CT Corporation System

By: Pace N. Morri

(Signature)
DALE W MORRIS
ASSISTANT VICE PRESIDENT

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

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IT TENANT ORL, 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 FOURTEENTH DAY OF MAY, A.D. 2007.



Harriet Smith Windsor, Secretary of State

**AUTHENTICATION: 5674255** 

DATE: 05-14-07