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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IT Tenant B1, LLC	
	ited Liability Company)
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
Steve Hampton, Tax Director	
(Na	me of Person)
InTown Lessee Associates, LL	c
(Fin	m/Company)
2727 Paces Ferry Road, Suite	II-1200
	(Address)
Atlanta, Georgia 30339-6104	
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ase call:
Steve Hampton	at (770) 799-5000
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & 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:

1.	1. IT Tenant B1, LLC					
	(Name of Foreign Limited Liability Company					
2.	2. Delaware 3. 20-897019					
	(Jurisdiction under the law of which foreign limited liability (company is organized)	FEI number, if applicable)				
4.	4. April 25, 2007 _{5.} Perpetual					
	(Date of Organization) (Duration: Ye exist or "perp	ar limited liability company will cease to etual")				
6.	6. N/A					
	(Date first transacted business in Florida, if prior to re (See sections 608.501 & 608.502 F.S. to determine pena	gistration.) ilty liability)				
7.	7. 2727 Paces Ferry Road, Suite II-1200, Atlanta, Georgia	30339-6104				
	(Street Address of Principal Office	e)				
8.	8. If limited liability company is a manager-managed company, chec	k here				
9.	O. The name and usual business addresses of the managing members or managers are as follows:					
	InTown Lessee Associates, LLC, a Delaware limited liability company					
	2727 Paces Ferry Road, Suite II-1200, Atlanta, Georgia	30339-6104				
						
the	10. Attached is an original certificate of existence, no more than 90 days old, duly author the jurisdiction under the law of which it is organized. (A photocopy is not acceptable, translation of the certificate under oath of the translator must be submitted.)					
11	11. Nature of business or purposes to be conducted or promoted in F	orida:				
	Extended Stay Accommodations					
		7 2				
	Signature of a member or an authorized represe (In accordance with section 608.408(3), F.S., the execution of an affirmation under the penalties of perjury that the facts stat Dennis M. Cassel, Secr	entative of a member. The state of this document constitutes with the document are true.) He document are true.) He document constitutes with the state of the				
	Typed or printed name of signee	PH 2:				

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.

I. The name of the Limited Liability Company is: IT Tenant B1, LLC				
2. The name and the Flori	street address of the registered agent and office are:			
CT Corp	ration System			
	(Name)			
1200 So	h Pine Island Road c/o CT Corporation System			
	Torida Street Address (P.O. Box NOT ACCEPTABLE)			
Plantatio	FL 33324			
·	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.

By: Dale W. MORRIS

(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 B1, 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

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AUTHENTICATION: 5674147

DATE: 05-14-07

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