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(Re	equestor's Name	<u></u> ))	
(Ac	ldress)	·	
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(Ci	ty/State/Zip/Pho	ne #)	
PICK-UP	, WAIT	MAIL	
(Ви	usiness Entity Na	ame)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to	Filing Officer:		
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2007 JUN 25 PM 3: 15
SECRETARY OF STATE
AND SECRETARY OF STATE

#### **COVER LETTER**

<b>FO:</b> Registration Section Division of Corporations	
SUBJECT: IT Tenant Mont, LLC	
(Name of Lin	nited Liability Company)
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
Tina Perry	
(N	ame of Person)
Intown Suites Management, Ir	nc.
<b>(F</b> )	irm/Company)
2727 Paces Ferry Rd Ste 2-12	.00
	(Address)
Atlanta, GA 30339	
(City/S	tate and Zip Code)
For further information concerning this matter, pl	ease call:
Tina Perry	at (_770) _799-5184
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Boxed{1}\$125.00 Filing Fee & Certificate of the following amount:	

### 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:

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	STATE OF FLORIDA:
IT Tenant Mont, LLC	
(Name of Foreign Limited Lie	ability Company)
Delaware 3.	20-8970330
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
April 25, 2007 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6/25/2007	·
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
. 2727 Paces Ferry Rd Ste 2-1200	
Atlanta, GA 30339	
(Street Address or	f Principal Office)
. If limited liability company is a manager-managed c	ompany, check here 🗸
. The name and usual business addresses of the management	ging members or managers are as follows:
Dennis M. Cassel, Michael Klingher, Moha	med Thowfeek, Scott Griffith
Address for all: 2727 Paces Ferry Rd Ste 2-	1200, Atlanta GA 30339
O. Attached is an original certificate of existence, no more than 90 da ne jurisdiction under the law of which it is organized. (A photocopy anslation of the certificate under oath of the translator must be submi	is not acceptable. If the certificate is in a foreign language, a itted.)
1. Nature of business or purposes to be conducted or p	promoted in Florida: Management of
extended stay accommodations	
1000	
	orized representative of a member.
an affirmation under the penalties of perjur	y that the facts stated herein are true.)
Dennis M. Cassel	CRECTA
Typed or printed i	y that the facts stated herein are true.)  Althoreum are true.)  Althoreum are true.)
•	m-<
	mo →

## 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:	
IT Tenant Mont, LLC		
2. The name and the Florida	a street address of the registered agent and office are:	
CT Corpo	oration System	
	(Name)	
1200 Sou	th Pine Island	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation	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.

CT Corporation System

By: Dule W. Movus

(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)

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SECRETARY OF STATE

# Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT "IT TENANT MONT, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR
REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY
AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF APRIL, A.D. 2007, AT 1:31 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "IT TENANT MONT, LLC".

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

SECRETARY OF STATE

ALCO CONTRACTOR OF THE PROPERTY OF THE PROPERT

4340586 8310

070476548

Warriet Smith Hindson, Secretary of State

AUTHENTICATION: 5623691

DATE: 04-25-07