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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Southern Hospitality Services LLC (Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Glenda P. Love (Name of Person)				
SPD, Inc (Firm/Company)				
1029 72 nd Street South (Address)				
Birmingham AL 35205 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Glenda Love at (205) 250 9005 X 258 (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: \$\Begin{array}{c} \left\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 24, 2007

GLENSA P LOVE SPD, INC. 1029 22ND ST SOUTH BIRMINGHAM, AL 35205

SUBJECT: SOUTHERN HOSPITALITY SERVICES, LLC - CROSS

REFERENCE NAME: SHS, LLC Ref. Number: W07000032963

We have received your document for SOUTHERN HOSPITALITY SERVICES, LLC - CROSS REFERENCE NAME: SHS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 807A00051271



July 11, 2007

GLENSA P LOVE SPD, INC. 1029 22ND ST SOUTH BIRMINGHAM, AL 35205

SUBJECT: SOUTHERN HOSPITALITY SERVICES, LLC

Ref. Number: W07000032963

We have received your document for SOUTHERN HOSPITALITY SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In section 9 what is the full name for Russ?

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 407A00044203

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that w	we are the Managers and/or Managing
Members of Southern Hospital (Name of Limited	List Services, LCC,
a limited liability company duly organized a	nd existing under the laws of
Alabama (State or Country of Organization)	<u></u> .
Because the name of this foreign limited liab	pility company does not satisfy the
requirements of the s. 608.406, F.S., the limit	ted liability company hereby adopts the
following name to transact business in the st	ate of Florida:
SHS-Alabama LLC (Name to be used by limited liability company in Florida. 1 Company, L.L.C., or LLC.)	NOTE: Name must end with Limited Liability
Date: 9-4-07	
Signature(s) of Manager(s) and/or-Managing	Member(s):
	Charles V Welden III
Rugell Bylow	Russell Bylsma
Well Buklde	William B Welden
9.CO	Robert C Field
I Stepha	William E Welden IR
- All	Todd Allen Hudgel
	VISION
	o G

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. Southern Hospitality Services UC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
5H5-Alabama, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. <u>Jefferson County</u> AL (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. May 24 2001 (Date of Organization) 5. Per petual (Duration: Year limited liability company will cease to exist or "perpetual")
6. <u>N/A</u>
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Business Home
7. 2731 Executive Park Drive St 42 Pointered 1029 22 nd St S
Weston FL 33331 Agent Birmingham AL35 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here \square
9. The name and usual business addresses of the managing members or managers are as follows:
Russ Blysma 103 Foxglove Lane Jacksons GAP, AL 3686
Charles V Welden III 2040 Highland Ave B'ham 35205
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: Hotel o
Management E
Alanch Startone = 337
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.)
Glenda Pitts Love 3
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 Liabi	lity Company is:	
Southern Hos	pitality Services, L.L.C.		
If name unava	ailable, the alternate	name to be used in the state of Florida is:	
SHS	LLC		
2. The name	and the Florida stree	t address of the registered agent and office are:	
	NRAI Services, Inc	<u>,</u>	
		(Name)	
	2731 Executive Pa	rk Drive, Suite 4	
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	
	Weston	_{FL} 33331	
		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. NRAI Services, Inc.

By: (Signature)

Jackie Sorman, Assistant Secretary

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

SECRETARY OF STAIL DIVISION OF CORPORATIONS

O7 CEP 11 PH 4: 06

Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Southern Hospitality Services, L.L.C. organized in the office of the Judge of Probate of Jefferson County on May 24, 2001. I further certify that the records do not disclose that said Southern Hospitality Services, L.L.C. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 5, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State