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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FelCor St. Pete Leasing (SF						
(Name of Limi	(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:						
Elizabeth Cowart						
(Nar	me of Person)					
Akin Gump Strauss Hauer & Feld LLP						
(Fin	m/Company)					
1700 Pacific Avenue, Suite 4100						
(Address)						
Dallas, Texas 75201						
(City/Sta	te and Zip Code)					
For further information concerning this matter, please call:						
Elizabeth Cowart	_at (214) 969-2791					
(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: \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Certificate of } \text{ Certificate of } Certifica	\$155.00 Filing Fee & \$\sum \$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:

	TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: TelCor St. Pete Leasing (SPE), L.L.C.
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consc	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C.," "LLC.")
	risdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
	risdiction under the law of which foreign limited liability (FEI number, if applicable) mpany is organized)
4. <u>1</u>	1/19/2007 _{5.} Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perperual")
6.	
_	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>5</u>	545 E. John Carpenter Freeway, Suite 1300
I	rving, Texas 75062
_	(Street Address of Principal Office)
8. I	f limited liability company is a manager-managed company, check here
9. 1	The name and usual business addresses of the managing members or managers are as follows:
į	Richard Smith, 545 E. John Carpenter Frwy #1300, Irving, TX 75062
<u>.</u>	Jonathan Yellen, 545 E. John Carpenter Frwy #1300, Irving, TX 75062
1	Andrew Welch, 545 E. John Carpenter Frwy #1300, Irving, TX 75062
theju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in instruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a aution 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 ownership and
a	ctivities related thereto.
	Allen Matshas Es E
	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.)
	(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.)
	ALLISON NAVITSKAS
	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 I	imited Liability Con	ipany is:		
FelCor St. Pete	Leasing (SPE)	, L.L.C.		
If name unavailable,	the alternate name to	be used in the state	of Florida is:	
2. The name and the	Florida street addres	s of the registered a	gent and office are:	
СТ	Corporation Sy	stem		
		(Name)		_
120	0 South Pine Is	land Road		
	Florida Street Ac	ddress (P.O. Box NOT	ACCEPTABLE)	
Pla	ntation	FL. City/State/Zip	33324	_
		ony our carp		

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.

Maria Ozaeta
(Signature)

Maria Ozaeta
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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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "FELCOR ST. PETE LEASING (SPE), L.L.C.", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2007, AT 11:30 O'CLOCK A.M.

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SECRETARY OF STATE
AND ASSET FI ORION

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6173870

DATE: 11-19-07

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You may verify this certificate online at corp.delaware.gov/authver.shtml