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SECRETARY OF STATE

T. CLINE

APR - 9 2008

**EXAMINER** 

#### **COVER LETTER**

• TO: Registration Section

Division of Corporations		
SUBJECT: Hotel Durant LLC		
	Limited Liability Company)	
	Liability Company for Authorization to Transact re submitted to register the above referenced foreigla	
Please return all correspondence concerning thi	is matter to the following:	
Joanne Gootman		
	(Name of Person)	
Hotel Durant LLC		
	(Firm/Company)	
1000 Marina Village Pkv	wy #100 TABECRETAL ALL ALL ALL ALL ALL ALL ALL ALL ALL	7000 APR -8 PM 1: 07
Alameda, CA 94501	SS	8 1
(City For further information concerning this matter,	y/State and Zip Code)  To a series of the code of the	Servit
Joanne Gootman	at (510 ) 832-6868 ext 283	_
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
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:  \$\infty\$\$\$\$125.00 \text{ Filing Fee}\$\$\$ \$\infty\$\$\$ \$Certificat\$\$\$\$\$\$\$		Certificate 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:

<sub>I.</sub> Hotel Durant LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. California 3. 94-2743019
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
<sub>4.</sub> 11/2/04 <sub>5.</sub> 2054
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1000 Marina Village Pkwy #100
Alameda, CA 94501  (Street Address of Principal Office)
(Street Address of Principal Office)
0 101' '4 11' 1' 1' 4
9. The name and usual business addresses of the managing members or managers are as follows:  C.R. Gibb 248 Third Street #831 Oakland, CA 94607-4375
9. The name and usual business addresses of the managing members or managers are as follows:  C.R. Gibb 248 Third Street #831 Oakland, CA 94607-4375
Tracy W. Wahrlich Jr. 1000 Marina Vlg Pkwy #100, Alameda CA 94501
Stephen C. Wahrlich 2511 First Ave., Billings MT 59101
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: Commercial Property
Owner/Landlord
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this focument constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)  Tracy W. Wahrlich Ir

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 Liability Company is:	
Hotel Dura	ant LLC	
If name unava	silable, the alternate name to be used in the state of Florida is:	
2. The name :	and the Florida street address of the registered agent and office are:	
	C. R. Gibb	2008 APR SECRETALLAHA
	(Name)	APR APR
	613 South Beach Road	-8 ASSE
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	PM PM
	Jupiter Island, FL 33469 FL City/State/Zip	1: 07 STATE LORIDA
	City, Child 2.ip	•
liability compo agent and agre relating to the	named as registered agent and to accept service of process for the aborany at the place designated in this certificate, I hereby accept the appose to act in this capacity. I further agree to comply with the provision proper and complete performance of my duties, and I am familiar wit my position as registered agent as provided for in Chapter 608, Florid (Signature)	ointment as registered s of all statutes th and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00 \$ 5.00 Designation of Registered Agent

**Certificate of Status (optional)** 

**Certified Copy (optional)** 

## State of California Secretary of State

### CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **2nd day of November, 2004, HOTEL DURANT, LLC,** became recognized under the laws of the State of California by filing its Articles of Organization in this office: and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 21, 2008.



Jeha Boven

**DEBRA BOWEN**Secretary of State