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AUG 2 8 2008

EXAMINER



ON SERVICE COMPANY						
ACCOUNT NO.	: 072100000032					
REFERENCE	: 703193 4322918					
AUTHORIZATION	Spulle man = 3					
COST LIMIT	: \$ 125.00					
ORDER DATE : August 28, 2008	PA SEE					
ORDER TIME : 11:09 AM	Figure 5.					
ORDER NO. : 703193-005						
CUSTOMER NO: 4322918	íg,					
FOREIGN F	ILINGS					
NAME: CAM HOSPITALITY MANAGEMENT, LLC						
XXXX QUALIFICATION (TYPE: LI	<u>다</u>)					
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING					
CONTACT PERSON: Carina L. Duni	lap EXT# 2951					

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES LIMITED LIABILITY COMPANY TO TRANSACT ELISINISSS IN THE S	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN STATE OF FLORIDA:
CAM Hospitality Management, LLC	
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
• ••	•
(If name unavailable, enter sitemate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	
2. Delaware	56-2668185
(furisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 06/11/2007	perpetual
(Date of Organization)	(Durstion: Year limited liability company will cesse to exist or "perpetual")
6. upon qualification	LA
(Date first transacted business in Flori (See sections 608.50] & 608.502 F.S. to	perpetual (Duration: Year limited Hability company will cease to exist or "perpetual") da, If prior to registration.) o determine penalty liability)
7. c/o Christopher A. Mannino, Radisson Hotel	da, If prior to registration.) o determine penalty liability) Pittsburgh Green Tree
. 101 Radisson Drive, Pittsburgh, PA 15205	
(Street Address of	Principal Office)
B. If limited liability company is a manager-managed of	ompany, check here
9. The name and usual business addresses of the manag	ring members or managers are as follows: [2]
Christopher A. Mannino	***
c/o Radisson Hotel Pittsburgh Green Tree	
101 Radisson Drive, Pittsburgh, PA 15205	
Attached is an original certificate of existence, no more than 90 day in jurisdiction, under the law of which it is organized. (A photocopy is anslation of the certificate under cath of the translator must be submitted.	snotacceptable. If the certificate is in a foreign language, a
1. Nature of business or purposes to be conducted or p	romoted in Florida: Hotel management
and related services	
Christophen A.	Warning.
Signature of a member or an author	prized representative of a member.
(in accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury	that the facts stated herein are true.)
Christopher A. Ma	annino .

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:		
CAM Hos	pitality Management,	, LLC		
If name unava	vilable, the alternate nam	e to be used in the s	state of Florida is:	:
2. The name a	and the Florida street add	dress of the registere	ed agent and offic	ce are:
	Corporation Service	ce Company		
		(Name)		***************************************
	1201 Hays Street			
	Florida Stre	et Address (P.O. Box <u>N</u>	NOT ACCEPTABLE)	Parada de la companya del companya de la companya del companya de la companya de
	Tallahassee	FL 3	32301	
		City/State/Zi	ip	
liability compa agent and agre relating to the p obligations of n	amed as registered agent my at the place designate the to act in this capacity. The proper and complete perf my position as registered Service Company (Signature)	d in this certificate, I I further agree to cor formance of my dutie	I hereby accept the mply with the pro es, and I am famili	e appointment as registered visions of all statutes ar with and accept the

Ann R. Shilling, Assistant VP \$100.00

O Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAM HOSPITALITY MANAGEMENT, 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 TWENTY-EIGHTH DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAM HOSPITALITY MANAGEMENT, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2007.

4368123 8300

080909428

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6818598

DATE: 08-28-08

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