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B. KOHR

MAY - 5 2009

**EXAMINER** 

#### FLORIDA FILING & SEARCH SERVICES, INC.

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NAME:

SCI HOTELS, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

\$125

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AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO: Registration Section	•
Division of Corporations	
	00
SUBJECT: SCHOTELS, LLC	一一一
(Name of Lin	itted Limbility Company)
The enclosed "Application by Foreign Limited Li Florida," Certificate of Existence, and check are s liability company to transact business in Florida.	ability Company) ability Company for Authorization to Transact Breriess in authorization to Transact Breriess in authorited to register the above referenced foreign limited
Please return all correspondence concerning this r	المراكب المراك
Suzanne T. Cryan	<b>\f</b> .
	ime of Person)
Bay State Corporate Services, Inc.	mic Company
{ <del>   </del>	то: Сунилиу (
6 Beacon Streeet, Suite 510	(Address)
Boston, MA 02108	
(City/Si	ate and Zip Code)
For further information concerning this matter, po-	ase cult
Suzanne Cryan	at (817 ) 742-8464
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314	STREET ADDRESS: Division of Corporations. Clifton Building 2661 Esecutive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  S125.00 Filing Fee \$\sum_\$ \text{\$\sum_\$ \text{\$\color{c}} \$\color{	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 FO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. SCI	HOTELS, LLC  Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent	unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability y," "L.L.C.," "LLC.")
2. Minn (Jurise compa	asota 3. 26-1475825  liction under the law of which foreign limited liability  (FEI number, if applicable)
4. 11/2	(Date of Organization)  5. perpetual (Duration: Year limited liability company with cease to sexist or "perpetual")
6. <u>UPC</u>	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608 502 F.S. to determine penalty liability)
7. 366	South 10th Avenue, Waite Park, Minnesota 56387
9. The	(Street Address of Principal Office)  nited liability company is a manager-managed company, check here   nume and usual business addresses of the managing members or managers are as follows:  attached
the jurisd translatio	hed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, an of the certificate under ceth of the translator must be submitted.)  our of business or purposes to be conducted or promoted in Florida:
	Management 2
	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)
	Typed or printed name of signee

 $\operatorname{Idiag} v^{(1)} = O = \operatorname{Pp}$ 

SCI HOTELS, LLC

#### Manager Listing

Leo M. Sand Steven D. Snelling Jamie J. Thelen 366 South 10th Avenue, Waite Park, MN 56387 366 South 10th Avenue, Waite Park, MN 56387 366 South 10th Avenue, Waite Park, MN 56387

# 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 Comp	pany is:	
SCI HOTELS	, LLC			
If name unav	ailable, the alter	rnate name to b	be used in the state of Florida is:	
2. The name	and the Florida	street address	of the registered agent and office are:	
	NRAI Service	es, Inc.		
			(Name)	
	2731 Executi	ve Park Drive, S	Suite 4	
	F	lorida Street Add	fress (P.O. Box NOT ACCEPTABLE)	
	Weston		FL 33331	
			City/State/Zip	
liability composition agent and agree relating to the	any at the place of ee to act in this of proper and com my position as r	designated in the capacity. I furth uplete performa	to accept service of process for the above stated li his certificate, I hereby accept the appointment as her agree to comply with the provisions of all stat ince of my duties, and I am familiar with and acce as provided for in Chapter 608, Florida Statues	registered lutes lpt the
By: /s/ S	UZANNE T. CI	RYAN		
Suzanne T. Cr	Signatur) yan, Asst. Secret	•		
		\$ 100.00	Filing Fee for Application	
		\$ 25.00	Designation of Registered Agent	

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

# state of Minnesota

## **SECRETARY OF STATE**

#### Certificate of Good Standing

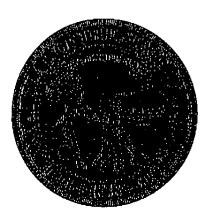
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: SCI Hotels, LLC

Date Formed or Registered: November 28, 2007

State of Organization: Minnesota

This certificate has been issued on May 1, 2009.



Mark Richie Secretary of State.