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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FOCUS HOSPITALITY SERVICES, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat 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:	
JERFREY C. BOGAN Name of Person	
FOCUS HOSPITALITY SERVILES, LIC Firm/Company	
1626 RENGLENG BLVD, STE. 400 Address	
SARASDTA, FL 34203 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TEFF BOGAN at (941) 926-6394 Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & 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:
1. Focus Hospitality Serviles, 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. INDIANA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 38-3658046 (FEI number, if applicable)
4. Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1626 REMEIAL BWD., STE. 400 SARASOTA, FL 34336 (Street Address of Principal Office)
(Street Address of Principal Office) 3. If limited liability company is a manager-managed company, check here
The name and usual business addresses of the managing members or managers are as follows:
JERALD J. GOD, 1626 RENGLENG BLUD., STE YOD, SARAGOTA, FL 3423 TETLE! MGRM
JEFFREY C. BOBAN, 1626 PRINGLENS BLVD., SYK 400, SARASOTA, FL342; TETLES MOR
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 ranslation of the certificate under eath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: HOTEL MOMT.
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.)

TEFFNEY C. BOGAN, AUTHORIZED AGENT
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:
FOCUS HOSPETALKTY SERVICES, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
JERALD J. GODD (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
SARASOTA, FL 34 236 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.

(Signature)

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FOCUS HOSPITALITY SERVICES LLC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 03, 2002, and was in existence or authorized to transact business in the State of Indiana on June 16, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Sixteenth Day of June, 2010.

Oosh Sofito

TODD ROKITA, Secretary of State

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