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SECRETARY OF STATE

NIANASSEE FLORIDA

J. BRYAN

SEP - 9 2010

EXAMINER

COVER LETTER

	ration Section on of Corporations						
SUBJECT: _	Omni Amelia Island Management, LLC						
	Name of Limited Liability Company						
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please return a	I correspondence concerning this matter to the following:						
	Kathryn Tobolowsky						
	Name of Person						
Omni Amelia Island Management, LLC							
	Firm/Company						
	600 E Las Colinas Blvd, Suite 1900						
	Sign of m						
	Address Irving, TX 75039						
	Irving, TX 75039 City/State and Zip Code ktobolowsky@trtboldings.com						
	mobolowony@minolalingo.com						
	E-mail address: (to be used for future annual report notification)						
For further info	rmation concerning this matter, please call:						
	Kathryn Tobolowsky at (214) 283-8589						
	Name of Person Area Code & Daytime Telephone Number						
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
_	check for the following amount:						
 \$12	5.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy Certified Copy S160.00 Filing Fee, 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:

1	(Name of Foreign Limited	Omni Amelia I Liability Company;	a Island Ma must include "L	nagement, LLC imited Liability Company," "L	L.C.," or "LLC.")
conser	ne unavailable, enter altern at of the managers or mana any," "L.L.C," "LLC.")	ate name adopted for ging members adopti	the purpose of t	ransacting business in Florida name. The alternate name must	and attach a copy of the written include "Limited Liability
2.	Delay	vare	3	27-33867	40
(Jur	isdiction under the law of pany is organized)	which foreign limited	liability	27-33867 (FEI number, if ap	plicable)
4	September	1, 2010	5.	Perpetu	al
" —	(Date of Organ	ization)	([ex	Perpetu Duration: Year limited liability kist or "perpetual")	company will cease to
6.					
	(Da (Sce s	e first transacted busi	iness in Florida, i	f prior to registration.)	TAL SE
7. 60	00 E Las Colinas Blv		, o, o o b 1 , o . to de .		SE T
					SS -8 FR
Ir	ving, TX 75039	(Strae	at Address of Pri	ncipal Office)	
		(Silec	it Address of thi	icipal Office)	703
8. If	limited liability compa	any is a manager-i	nanaged comp	bany, check here	M 10: 55 FLORID
9. Th	e name and usual bus	iness addresses of	the managing	members or managers ar	e as follows:
<u>C</u>	mni Hotels Manage	ment Corporatio	n		
6	00 E Las Colinas Bl	vd, Suite 1900			
lr	ving, TX 75039				
the juri		hich it is organized. (A	A photocopy is no	acceptable. If the certificate is it	cial having custody of records in n a foreign language, a
11. N	lature of business or p	urposes to be con	ducted or pron	noted in Florida:	
		∩ ∩ reaLe	estate manag	gement	
_		123			
	(In acc	ordance with section 60	8.408(3), F.S., the	red representative of a me execution of this document const the facts stated herein are true.)	
			Paul Jor	ge	_
		Typed o	or printed name		

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:	
Omni Amelia Island Management, 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:	TAL TAL
Corporation Service Company	年 谷 丁
(Name)	ASS -
1201 Hays Street	Eng.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	M 10: 55
Tallahassee, FLj\(\frac{9}{2}\)301-2525 City/State/Zip	DA S
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Florida State (Signature)	nt as registered statutes accept the

\$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNI AMELIA ISLAND 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 FIRST DAY OF SEPTEMBER, A.D. 2010.

4867209 8300

100876719 You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 8206165

DATE: 09-01-10