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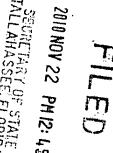
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	NOV 2 3 2010
	FXAMINER

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STALE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Newport Sanford Mgmt, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida	f a.
Please return all correspondence concerning this matter to the following:	
Lisa E. Bubczyk	
David, Kamp & Frank, L.L.C. Pirm/Company Name of Person TALL 70 10 10 10 10 10 10 10 10 10 10 10 10 10	
David, Kamp & Frank, L.L.C. Firm/Company	1
700 Tillio Dia - I- Dia I Ota 405	,
Address Address	
Newport News, VA 23606	
City/State and Zip Code	
Ibubczyk@davidkampfrank.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lisa E. Bubczyk at (757) 595-4500 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: \$\int\\$\$125.00 \text{ Filing Fee} \text{\$\sum_{Certificate} of Status}\$\$\$130.00 \text{ Filing Fee & Certified Copy}\$\$\$\$\$\$\$\$\$160.00 \text{ Filing Fee, Certificate of Status}\$	

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:

Newport Sanford Mgmt, LLC	; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Poreign Limited Liability Company	; must include * Limited Diability Company, L.E.C., of LEC.)
	or the purpose of transacting business in Florida and attach a copy of the written ting the alternate name. The alternate name must include "Limited Liability
_{2.} Virginia	3
(Jurisdiction under the law of which foreign limite company is organized)	
4. September 9, 2009	5. Perpetual
(Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted bus (See sections 608.501 & 6	siness in Florida, if prior to registration.) 08.502 F.S. to determine penalty liability)
7. 4290 New Town Avenue	
Williamsburg, VA 23188	
(Stre	et Address of Principal Office)
8. If limited liability company is a manager-	managed company, check here 🗸
9. The name and usual business addresses o	f the managing members or managers are as follows:
MLP Manager, LLC	ATC Manager, LLC
4290 New Town Avenue	4290 New Town Avenue
Williamsburg, VA 23188	Williamsburg, VA 23188
	one than 90 days old, duly authenticated by the official having custody of records in A photocopy is not acceptable. If the certificate is in a foreign language, a nust be submitted.)
11. Nature of business or purposes to be con	ducted or promoted in Florida: Manage hotel
Malen	Dece
.	r 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Michael L. Pleninger, Manager

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.

 The na 	ame of the Limited Liability Company is:		
Newpo	ort Sanford Mgmt, LLC		
If unavaile	able, the alternate to be used in the state of Florida is:	2010 NOV SEGNETA TALLAHAS	
2. The na	ame and the Florida street address of the registered agent and office are	: SEC 22	
	CT Corporation System	PHIE:	
·. N	(Name)	P: 45	
	1200 South Pine Island Road	,	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Plantation FL 33324	,	
	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.

Judith Argao
Vice President
and Assistant Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to NEWPORT SANFORD MGMT, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of September 09, 2009.

As of the date below, articles of cancellation have not been filed in this office by NEWPORT SANFORD MGMT, LLC, a Virginia limited liability company.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 4, 2010

Joel H. Peck, Clerk of the Commission