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SECRETARY OF STATE
TALLAHAS SEEF, FI OBJ

J. SAULSBERRY EXAMINER SEP 0 2 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tallahassee Innkeepers, LLC		
Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return all correspondence concerning this matter to the following:		
Thomas M. Keane, Esq.		
Name of Person		
Keane & Macdonald, P.C.		
Firm/Company		
1000 Market St. Bldg 2 Ste 7		
Address	201	
Portsmouth, NH 03801	2011 SEP -	
City/State and Zip Code		-
tke@aol.com		111
tke@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	ي ق	
For further information concerning this matter, please call:	57	
Thomas M. Keane, Esq. at (603) 436-6500		
Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sumset\$ \$\frac{1}{2}\$ \$125.00 Filing Fee \$\text{Certificate of Status}\$\$\$ Certified Copy \$\sumset\$ \$\text{Certified Copy}\$\$\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\text{Certified Copy}\$\$\$\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\sumset\$ \$\text{Certified Copy}\$\$\$\$\$\$\$\$\$\$\$	ite	

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 RUSINESS IN THE STATE OF FLORIDA:

1. Tallahassee Innkeepers, 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. New Hampshire 3. 45-3071912 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4. August 24, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1000 Market Street, Building 2, Suite 1, Postsmouth, 11 0380)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ✓
9. The name and usual business addresses of the managing members or managers are as forms:
David Akridge,1000 Market St., Bldg 2, Suite 1, Portsmouth, NH 03801
FLOOR OF THE STATE
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 translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: the operation and
management of hotels and hotel related business.
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fallows as provided for in \$ 817.155, F.S.)

Thomas M. Leave Outhorized representation
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:	
Tallahassee Innkeepers, 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:	
CT Corporation System	
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	í
Plantation, FL 33324 City/State/Zip	# # ! ! !
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.	d
With Reb Februar Assistant	
(Signature) Kristen Betzger, Assistant Secretary	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	
TOTAL CONTRACTOR CONTRACTOR AND	

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Tallahassee Innkeepers, LLC is a New Hampshire limited liability company formed on August 24, 2011. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law; and that a certificate of cancellation has not been filed.

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In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 24th day of August, A.D. 2011

William M. Gardner Secretary of State