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SECRETARY OF STATE

J. BRYAN

SEP - 8 2011

**EXAMINER** 

#### **COVER LETTER**

	tration Section on of Corporations	
SUBJECT:	Charlotte Host, LLC	
	Na	me of Limited Liability Company
		polity Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning this ma	atter to the following:
	Paula Schwartz	
		Name of Person
	Charlotte Host, LLC	W O) Fig.
		Firm/Company
	PO Box 54465	
		Address
	Lexington, KY 40555	Address From From From From From From From From
		City/State and Zip Code
	paulas@greercompar	nies.com
	E-mail address: (	to be used for future annual report notification)
For further info	rmation concerning this matter, plea	se call:
Paul	a Schwartz	at ( 859 ) 269-1966 ext 112
	Name of Person	Area Code & Daytime Telephone Number
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section lox 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 of Filing Fee \$130.00 Filing Fee Certificate of Sta	ee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certificate

### 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:

	Charlotte Host, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cc	Iname unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2	Kentucky  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-3067779  (FEI number, if applicable)
4.	8/25/2011  (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.)
7.	(See sections 608.501 & 608.502 F.S. to determine penalty liability)  3620 Walden Dr. #200
	Lexington, KY 40517  (Street Address of Principal Office)
8.	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here     Top   To
9.	The name and usual business addresses of the managing members or managers are as follows:
	Phil Greer - 3620 Walden Dr. #200, Lexington, KY 40555
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
1 1	. Nature of business or purposes to be conducted or promoted in Florida: Mangement of Motels
	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 penaltics 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 \$ 817.155, F.S.)

Typed or printed name of signee

Phil Greer

## 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.

SEC
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<b>ਤੁਲ છ</b>

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)

## Commonwealth of Kentucky Elaine N. Walker, Secretary of State

SECRETARY SECTION

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 117281

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Elaine N. Walker, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### CHARLOTTE HOST, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 25, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26<sup>th</sup> day of August, 2011, in the 220<sup>th</sup> year of the Commonwealth.



Elaine N. Walker Secretary of State Commonwealth of Kentucky 117281/0798845

n N. Waller