# M11000005987

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
#125°
4/25

Office Use Only

唐

このからの東京が北京の大学 大学



600214337136

ZOII NOV 30 AM II: 58

J. SAULSBERRY EXAMINER NOV 30 2011



	ACCOUNT NO.	:	12000000195		
	REFERENCE	:	995909 727263	19	
	AUTHORIZATION	:	Spell de na	'~	
	COST LIMIT	:	\$ 125.00		
ORDER DATE :	November 29, 201	1			-
ORDER TIME :	9:39 AM				
ORDER NO. :	995908-005				
CUSTOMER NO:	7272639				
	FOREIGN F	ILI	<u>NGS</u>		
NAME:	CAPITAL HOTEL	MA	NAGEMENT, LLC	2011 NI SECAZ TALLAH	e4jp
XXXX QUALIFIC	ATION (TYPE: <u>L</u>	<u>L</u> )		2011 NOV 30 A	
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING:	AH II: 58	\$.0
	IED COPY STAMPED COPY ICATE OF GOOD ST	AND:	ING	<b>58</b> ID <sub>A</sub>	
CONTACT PERSON	: Becky Peirce	:	EXT# 2919		

EXAMINER:

#### **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT:	Capital Hotel Management, I	LLC	
		Name of Limited Liability Company	
The enclosed Existence, an	I "Application by Foreign Limited I ad check are submitted to register th	Liability Company for Authorization to Transact Business in a above referenced foreign limited liability company to trans	Florida," Certificate of act business in Florida
Please return	all correspondence concerning this	s matter to the following:	
	Philip Wilkes		
		Name of Person	<del></del>
	Capital Hotel Managemen	nt, LLC	
		Firm/Company	<del></del>
	548 Cabot Street		
		Address	<del></del>
	Beverly, MA 01915		<del></del>
		City/State and Zip Code	
	pwilkes@chmhotel.com		2011 NOV 30 SCCRETARY ALLAH/SSE
	E-mail addres	s: (to be used for future annual report notification)	
For further in	nformation concerning this matter, p	please call:	'-m
Phil	ip Wilkes	at (978 ) 522-7000	OF STATE
	Name of Person	Area Code & Daytime Telephone Number	58 58
Divi R <b>eg</b> P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following am 5.00 Filing Fee \$130.00 Filing Certificate of	g Fee & S155.00 Filing Fee & S160.00 Filing Fee, (	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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. Capital Hotel Management, 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company," "L.L.C," "LLC.")	written lity
2. Delaware 3. 52-2266331	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	•
4. 01/10/2000 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	•
6. 12/01/2011	
(Date first transacted business in Florida, if prior to registration.)	•
7. 548 Cabot Street	
(See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 548 Cabot Street  Beverly, MA 01915	W.S. Company
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	Parents (1)
9. The name and usual business addresses of the managing members or managers are as follows:	
Ken Wilson: 548 Cabot Street, Beverly, MA 01915	_
Chad Crandell: 548 Cabot Street, Beverly, MA 01915	<u>.</u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable 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 cath of the translator must be submitted.)	ords in
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Investment	
Fol	•
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	

Typed or printed name of signee

Ken Wilson, Member

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### 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:	
Capital Hotel Management, LLC		
If unavailable, the alternate to be used	d in the state of Florida is:	
2. The name and the Florida street ad Corporation Service C	Idress of the registered agent and office are	
	(Name)	ZOII NOV 30 SECRETARYI ALLI AHASSEE
1201 Hays Street Florida Street	eet Address (P.O. Box NOT ACCEPTABLE)	AM III: 5
Tallahassee	FL 32301	DA 8
	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.

Corporation Service Company

Becky Peirce

By: Asst. Vice President

(Signature)

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

# Delaware

DACE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAPITAL HOTEL 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 TWENTY-NINTH DAY OF NOVEMBER, A.D.
2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITAL HOTEL MANAGEMENT, LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2011 NOV 30 AM 11: 58
SECRETARY OF STATE
TALLAHASSEE, FINANCE

3156803 8300

111236218

AUTHENTICATION: 9185055

DATE: 11-29-11

Jeffrey W. Bullock, Secretary of State

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