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SECRETARY OF STATE
ALLAHASSEE, FI ORIGA

#### COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Cruiseport Innkeepers,			
Nam	e of Limited Liability Company		
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this mat	tter to the following:		
David Akridge			
Name of Person			
Cruisoport Ingkoopers III C			
Cruiseport Innkeepers, LLC Firm/Company			
1 ma company			
1000 Market Street, Bldg 2, Suite 1			
Address			
Portsmouth, NH 03801			
City/State and Zip Code			
candy.grimbilas@Grea	atAmericanha.com		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, pleas	e call:		
Candy Grimbilas	at (603 ) 559-2122		
Name of Person	Area Code & Daytime Telephone Number		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
Registration Section P.O. Box 6327	Registration Section Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
,	Tallahassee, FL 32301		
Enclosed is a check for the following amount	nt:		
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu			

#### 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.	Cruiseport Innkeepers, LLC
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2.	New Hampshire  3. 45 - 3939 660  Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	November 22, 2011 5 Perpetual
	(Date of Organization)  (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 St., Bldg. 2, Suite 1
	Portsmouth, NH 03801
	(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 follows:
	David Akridge, 1000 Market St., Bldg 2, Suite 1, Portsmouth, NH 03801
	Robert J. Greene, 1000 Market St., Bldg 2, Suite 1, Portsmouth, NH 03801
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Hotel Management
	M M. Fare
	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
	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.)  David Akridge

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 Compa	any is:			
Cruiseport Innkeepers, LLC				
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida street address of	of the registered agent and office are:			
C T Corporation System				
	(Name)			
1200 South Pine Islan Florida Street Addr	ress (P.O. Box <u>NOT</u> ACCEPTABLE)			
Plantation	FL 33324 City/State/Zip			
liability company at the place designated in the agent and agree to act in this capacity. I further relating to the proper and complete performant	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes ince of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.  [			
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## 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 Cruiseport Innkeepers, LLC is a New Hampshire limited liability company formed on November 22, 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.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 23<sup>rd</sup> day of November, A.D. 2011

William M. Gardner Secretary of State