Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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	Division of Corporations	1	
	Fax Number : (850)617-6383		
From:			卍公
	Account Name : NATIONAL CORPORATE RESEARCH,	LTD.	윤건
	Account Number : I20000000088		Qr.
	Phone : (800) 221-0102		
•	Fax Number : (800)944-6607		
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Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efileovr.exe

2/21/2012

(((H12000046216 3)))

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

IN COMPLIANCE LIMITED DABILL	E WITH SECTION 608503, PLORIDA STATO, TYCOMPANYTO TRANSACT BUSINESS IN TH	ME.	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREK STATE OF FLORIDA:	iN
1 Hospitality	Ventures Management - Mayan, LLC			
(Name of	Foreign Limited Linisility Company; must inc	luc	o "Limited Linbility Company," "L.L.C.," or "LLC.")	
	magers or managing members adopting the of		c of transacting business in Plorida and attach a copy of the written name. The alternate name must include "Limited Liability)# 1
2. Delaware		3.	Applied For	
(Jurisdiction to company is org	nder the law of which foreign limited liability ganized)	•	(FEI number, if applicable)	
4. 2/21/2012		5.	Perpetual	
,	(Date of Organization)		(Duration: Year limited liability company will cense to exist or "perpetual")	
6. Upon qualif	ication		78 R	
	(Date first transpoted business in F (See sections 608,501 & 608,502 F,	lor S. (ida, if prior to registration.) o determine penalty liability)	三百五日
7. Five Concor	urse Parkway, Suite 2828			řη
Atlenta, GA	. 30328		ma z	O
	(Street Addres	50	f Principal Office)	
8. If limited li	ability company is a manager-manage	d c	company, check here 🛛	
9. The name a	nd usual business addresses of the mm	naı	ging members or managers are as follows:	
	Cole, Five Concourse Parkway, Suite 2	•	•	
10001101	- Control of the transfer of t	- (72	3, 11th and 1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	WAR			
the jurisdiction und		pyi	ys old, duly authenticated by the official having custody of records in Is not acceptable. If the certificate is in a foreign language, a tred.)	1
11. Nature of b	ousiness or purposes to be conducted o	ar J	promoted in Florida; Any lawful act or activity	
	1		ed, including but nor limited to providing	
	nagement services			
	Signature of a member or an at	ıtlı	orized representative of a member.	
po	annities of perjury that the facts stated herein are to	uc.	on of this document constitutes an affirmation under the 1 am aware that any false information submitted in a third dogree folony as provided for in s.817.155, F.S.)	
	Typed or printer	d n	ame of signee	
	, , , , , , , , , , , , , , , , , , ,		(((H12000046216 3)))	•

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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 t	he Limited Liability Compar	ıy is:		
	HOSPITALITY VENTURE	S MANAGEMEN	IT - MAYAN, LLC	
If unavailable, th	e alternate to be used in the s	state of Florida	is:	
2. The name and	the Florida street address of	the registered a	gent and office are:	
_	National Corpo	orate Research,	Ltd., Inc.	
-		(Name)	•	
_		ffice Plaza Driv		
	Florida Street Addres	ss (P.O. Box <u>NO</u> 1	ACCEPTABLE)	
_	Tallahassee	FL	32301	
		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,

Karen McKeown - 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)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOSPITALITY VENTURES MANAGEMENT -MAYAN, 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-FIRST DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOSPITALITY VENTURES MANAGEMENT - MAYAN, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Socretary of State TION: 9377004

DATE: 02-21-12

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