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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HMY Hotels and Resorts, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Brian Tuckey Devlin
Name of Person
HMY Hotels and Resorts, LLC
Firm/Company
PO Box 3880
Address
Kingshill, VI 00851
City/State and Zip Code
tuckeyd@aol.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian Tuckey Devlin at (917) 750-5291
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{\text{S125.00 Filing Fee}}^{\text{\$130.00 Filing Fee}} \int_{\text{Certificate}}^{\text{\$155.00 Filing Fee}} \text{\$\int_{\text{S160.00 Filing Fee}}^{\text{\$160.00 Filing Fee}} \text{\$\int_{\text{Certificate}}^{\text{\$160.00 Filing Fee}} \text{\$\int_{\text{Certified Copy}}^{\text{\$160.00 Filing Fee}}} \text{\$\int_{\text{Certified Copy}}^{\text{\$160.00 Filing Fee}} \text{\$\int_{\text{Certified Copy}}^{\text{\$160.00 Filing Fee}}} \text{\$\int_{\text{\$160.00 Filing Fee}}^{\text{\$160.00 Filing Fee}}} \text{\$\int_{\text{\$160.00 Filing Fee}}^{\text{\$160.00 Filing Fee}}} \text{\$\int_{\text{\$160.00 Filing Fee}}^{\text{\$160.00 Filing Fee}}} \te



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2012

BRIAN TUCKEY DEVLIN HMY HOTELS AND RESORTS, LLC P O BOX 3880 KINGSHILL, VI 00851

SUBJECT: HMY HOTELS AND RESORTS, LLC

Ref. Number: W12000010996

S)

We have received your document for HMY HOTELS AND RESORTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 812A00007870

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

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:

LIVINED LIABILITY COVIDANT TO TRAINANCE BOSINESS IN THE STATE OF PLONIDA.
1. HMY Hotels and Resorts, 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 written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")
2. U.S. Virgin Islands 3. (66 - 6779 18)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. December 22, 2003 5 perpetual
(Date of Organization) (Duration: Year limited liability company will cease to
exist or "perpetual")
6. n/a
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.
1011 10 10 10 000
#8 Norre Gade, St. Thomas, USVI 00802 St. (Street Address of Principal Office)
(Street Address of Principal Office)
9. If limited liability commons is a manager managed commons, about hors [7]
#8 Norre Gade, St. Thomas, USVI 00802 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
9. The name and usual business addresses of the managing members or managers are as follows:
7. The hame and doubt outliets abdiesses of the managing members of managers are as follows:
Co-Managing Member: TD Holdings, Inc. #8 Norre Gade, St. Thomas, USVI 00802
Co-Managing Member: Trust Hospitality International, 806 Douglas Road, South Tower
4th floor Caral Cables El 22124
4th floor, Coral Gables, FL 33134
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: Banking and
real estate management
-6n/
TO KI
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 felony as provided for in s.817.155, F.S.)
Brian Tuckey Devlin

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:
HMY Hotels and Resorts, 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:
John Michael Register, Esq.
(Name)
806 Douglas Rd., South Tower, 4th floor Florida Street Address (P.O. Box NOT ACCEPTABLE)
Total Good Table (1.6) Box 1.65 A Made (1.6)
Coral Gables _{FL} 33134
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.

(Signature)

\$ 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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GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

CHARLOTTE AMALIE, ST. THOMAS, VI 00802

OFFICE OF THE LIEUTENANT GOVERNOR

CERTIFICATE OF EXISTENCE

To Whom These Presents Shall Come:

I, GREGORY R. FRANCIS, Lieutenant Governor of the Virgin Islands, do hereby certify:

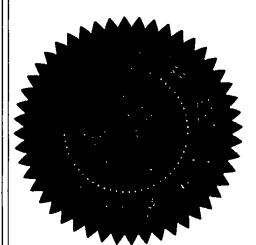
That HMY HOTELS AND RESORTS, LLC formerly: UNIVERSAL FINANCIAL, LLC filed Articles of Organization with the Office of the Lieutenant Governor **December 22, 2003** and the Company is duly organized under the laws of the United Sates Virgin Islands;

That the duration of this Limited Liability Company is perpetual;

That the company has paid all applicable fees to date; and

That Articles of Termination have not been filed by the company.





In Witness Whereof, I have hereunto set my hand and affix the seal of the Government of the United States Virgin Islands, at Charlotte Amalie, this 8th day of February, A.D. 2012.

GREGORY R. FRANCIS

Lieutenant Governor of the Virgin Islands