

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000005841 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tox

Division of Corporations

Fax Number : (850) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092 Phone

Pax Number : (850)878-5368 JAN = 9 2013.

L. SELLERS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
|-------|----------|------|--|

Foreign Limited Liability Company LHMC Palm Beach Management LLC

رئ 盂 JAN -8

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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

1/8/2013

PAGE 01/05

CT CORPORATION

Z609EE9998

01/08/5013 12:04

CR2E027 (9/10)

COVER LETTER

| TO: | Registration Section Division of Corporations | i. | | |
|-------------------|--|--|--|---|
| | • | | | |
| SUBJ! | ECT: | Name of | imited Liability Company | |
| The cr Existe: | sclosed "Application by For nce, and check are submitte | eign Limited Linbility C d to register the above re | empany for Authorization to T ferenced foreign limited liabili | ransact Business in Florida," Certificate of ty company to transact business in Florida: |
| Please | return all correspondence o | concerning this mane; to | the following: | |
| | | | • | |
| | | | Name of Person | |
| | | | Firm/Company | - |
| | | | | |
| | | • | Address | |
| | · | City | /State and Zip Code | <u> </u> |
| | Dartin.Rakers@ | epstldt.com | | |
| | - | E-mail address: (to be u | sed for future annual report no | tification) |
| For fu | rther information concernin | g this matter, please call: | • | |
| | | | at () | |
| | Naive | of Person A | rea Code & Daytime Telephor | ne Number |
| | MAULING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Divi Reg Clift 266 | EFT ADDRESS: sion of Corporations stration Section on Building I Executive Center Circle shassee, FI, 32301 | |
| Enclo | osed is a check for the f | ollowing amount: 13 \$130.00 Fiting Fee & Certificate of Status | | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

PL067 - 1240/2012 Woken Kipsey Outloo

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN

| MC Palm Beach Management LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company; must include "Limited Liability Company; must include "Limited Liability for the purpose of trait of the managers or managing members adopting the alternate nameny;" "L.L.C." "LLC.") source 3. Soliction under the law of which foreign limited liability pany is organized) (Date of Organization) (Date first transacted business in Florida, if I (See sections 608,501 & 608,502 F.S. to determ to North 4th Street, St. Louis, MO 63102 | tracting business in Florida and attach a copy of the written. The alternate name must include "Limited Liab(lity (FEI number, if applicable) of the residual ration: Year limited liability company will cease to the or "perpetual") |
|--|--|
| to fithe managers or managing members adopting the alternate nanuty." "L.L.C." "LLC.") source soliction under the law of which foreign limited liability pany is organized) (Date of Organization) (Date first transacted business in Florids, if I (See sections 608.501 & 608.502 F.S. to determ to North 4th Street, St. Louis, MO 63102 | tracting business in Florida and attach a copy of the written. The alternate name must include "Limited Liab(lity (FEI number, if applicable) of the residual ration: Year limited liability company will cease to the or "perpetual") |
| t of the managers or managing members adopting the alternate nameny." "L.L.C." "LLC.") souri soliction under the law of which foreign limited liability pany is organized) (Date of Organization) (Date first transacted business in Florida, if particular transacted business in Florida, if particu | (FEI number, if applicable) ration: Year limited liability company will cease to the or "perpetual") |
| (Date of Organization) (Date first transacted business in Florida, if, (See sections 608.501 & 608.592 F.S. to deter 0 North 4th Street, St. Louis, MO 63102 | ration: Year limited liability company will cease to to "perpetual") |
| (Date of Organization) (Date first transacted business in Florida, if p (See sections 608.501 & 608.502 F.S. to deter O North 4th Street, St. Louis, MO 63102 | ration: Year limited liability company will cease to it or "perpetual") |
| On Registration (Date first transacted business in Florida, if To (See sections 608,501 & 608,502 F.S. to deter 0 North 4th Street, St. Louis, MO 63102 | or or "perpetual") orior to registration.) |
| (Date first transacted business in Florida, if T (See sections 608.501 & 608.502 F.S. to deter) North 4th Street, St. Louis, MO 63102 | orior to registration.) mine penalty liability) |
| (See sections 608.501 & 608.502 F.S. to deter 0 North 4th Street, St. Louis, MO 63102 | prior to registration.) mine penalty liability) |
| North 4th Street, St. Louis, MO 63102 | and policy and the same of the |
| | |
| (Street Address of Princi | |
| (Struct Address of Dring) | |
| Concer variables of Little | pal Office) |
| ner Schiffer - 4545 Rebel Trall NW, Atlanta, GA 30327 | |
| seph Ruggeri – 200 North 4th Street, St. Louis, MO 63102 | |
| eched is an original certificate of existence, no more than 90 days old, diction under the law of which it is organized. (A photocopy is not a on of the certificate under oath of the translator must be submitted.) | oceptable. If the certificate is in a foreign language, a |
| ature of business or purposes to be conducted or promo | ted in Florida: Hotel/Motel Management |
| ALAR- | |
| Signature of a member or an authorized | representative of a member. |
| (In accordance with section 608, 408(3), F.S., the execution of the | is document constitutes an affirmation under the |
| | ware that any false information submitted in an |
| penulties of perjury that the facts stated herein are true. I am av document to the Department of State constitutes a third de | egree follow as neovided for in a R17 ISS DAY |
| penulties of perjury that the facts stated herein are true. I am av document to the Department of State constitutes a third de Joseph Ruggeri | agree falony as provided for in s.817.155, P.S.) |
| document to the Department of State constitutes a third de | agree felony as provided for in s.817.155, PS) |

PAGE 03/05

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE LINDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOIL OWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | f the Limited Liab oh Management LLC | oility Company is: | | · |
|-----------------|---|-------------------------------------|---|---|
| lf unavailable, | the alternate to be | used in the state of Florida is: | | |
| 2. The name a | ad the Florida stre | et address of the registered agen | t and office ar | 6 : |
| | | C T Corporation System | | |
| | | (Nume) | | |
| | | 1200 South Pine Island Road | 211 | alitati dalamat o ana araba |
| | Flori | de Street Address (P.O. Box NOT ACC | EPTABLE) | |
| | Plantation : | FL 33324 | $\beta_{v}, \beta_{v_{v}}, \beta_{v_{v}}$ | |
| | 13.3 | 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.

By: Katherine Lackey, Asst. Sec

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

rijos? - Izvoračis Wejipe Kleyer Gelipe

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

LHMC PALM BEACH MANAGEMENT LLC LC1276744

was created under the laws of this State on the 18th day of December, 2012, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 8th day of January, 2013

Scoretary of State

Certification Number: 15118094-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp

50/90 ∃9∀d