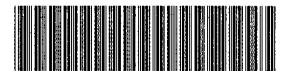
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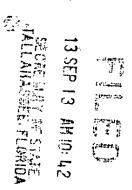
(Requestor's Name)
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PICK-UP WAIT . MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. Sittlers SEP 16 200

CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

### SUBJECT: OLYMPIA SAFETY HARBOR HOTEL, 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:

NORMAN B. KRONE, ESQ

Name of Person

THE KRONE LAW FIRM, LLC

Firm/Company

100 MAIN STREET, SUITE 200

Address

SAFETY HARBOR, FLORIDA 34695

City/State and Zip Code

NBKRONE@KRONELAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMAN B. KRONE, ESQ , 727 216-6977

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:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee &

\$130.00 Filing Fee & Status St

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### 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:

IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: OLYMPIA SAFETY HARBOR HOTEL, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")			
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")  DELAWARE			
. Urisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)			
. 9-9-13 (Date of Organization)  (Date of Organization)  5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  100 MAIN STREET, SUITE 206			
SAFETY HARBOR, FLORIDA 34695			
(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here  The name and usual business addresses of the managing members or managers are as follows:			
100 MAIN STREET,SUITE 206 SAFETY HARBOR, FLORIDA 34695			
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e jurisdiction under the law of which it is organized. (A photoexply is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)			
1. Nature of business or purposes to be conducted or promoted in Florida: ANY LAWFUL PURPOSE			
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.)  WILLIAM E. TOULOUMIS			

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:

#### OLYMPIA SAFETY HARBOR HOTEL, 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:

NORMAN B. KRONE, ESQ	انم
(Name)	<del></del> 
100 MAIN STREET, SUITE 200	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	G G
SAFETY HARBOR, FL 34695	
City/State/Zip	ADE V

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE :

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OLYMPIA SAFETY HARBOR HOTEL, 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 NINTH DAY OF SEPTEMBER, A.D. 2013.

13 SEP 13 AM ID: 42

RECRESSES STATE

THU MALVARES ST SERIOR

5395223 8300

131062802

AUTHENTY CATION: 0718384

DATE: 09-09-13

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