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MHF JACKSONVILLE BEACH MANAGER IV LLC

TYPE OF FILING: APPLICATION

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COVER LETTER

Registration Section
Division of Corporations

TO:

	Name	of Limited Liability Company		
enclosed "Applicat stence, and check ar	ion by Foreign Limited Liabili c submitted to register the abo	ity Company for Authorization (ve referenced foreign limited lia	o Transact Business in Plorida bility company to transact bus	" Certifi iness in I
use return all corresp	ondence concerning this matte	er to the following:		
	Maç	gna Hospitality Group		
		Name of Person		
		Firm/Company		
The S	Summit at Warwick Exec	utive Park, 300 Centervii	le Rozd, Suite 300 East∫	
landy works a reco		Address		
	Warwick	Rí_	02886	
 		City/State and Zip Code	#11 	
further information	E-mail address: (to	be used for future annual report	notification)	
	•		886-4484	
	na Hospitality Group Name of Person	at (401) Aren Code & Daytime Telep		•
MAILING AI Division of Co Registration Se P.O. Box 6327 Tallahassee, FI	rporations Interpretation Interpreta	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Conter Circle Tallabassee, FL 32301		
	for the following amount	:		atc

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 LUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MHF Jacksonville Beach Manager IV LLC (Name of Porcign 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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 10/16/2013 perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) The Summit at Warwick Executive Park, 300 Centerville Road, Suite 300 East RI 02886 Warwick (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \(\sqrt{} \) 9. The name and usual business addresses of the managing members or managers are as follows: Robert A. Indeglia Jr 300 Centerville Road, Suite 300 E Warwick 02888 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 turder oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: **Hotel Manager** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this differential 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.) Robert A. Indeglia Jr.

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.

The state of the s	MHF Jacksonvill	le Beach Mana	ger IV LLC	
If unavailable, the al	ternate to be used in the	state of Florida	is:	
2. The name and the	e Florida street address o	of the registered	agent and office are:	
	National Corr	orate Research	, l.td., Inc.	ZPHS OCT
(Name)				
	155 C	Office Plaza Driv	е	
Florida Street Address (P.O. Box NOT ACCEPTABLE)				重
	Tallahassoo	rL_	32301	_ ST 0: 01
		City/State/Zip		` <u>a</u> -

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.

> \$100.00Filing Fee for Application

Designation of Registered Agent \$ 25.00

30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

Delaware

PAGE 3

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIF JACKSONVILLE BEACH MANAGER IV 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 SIXTEENTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHF

JACKSONVILLE BEACH MANAGER IV LLC" WAS FORMED ON THE SIXTEENTH

DAY OF OCTOBER, A.D. 2013.

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

5416067 8300

131202257

DATE: 10-16-13

AUTHENTY CATION: 0819032

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