M1400000508

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. Shivers JAN 2 8 2013



ON SERVICE COMPANY.	
ACCOUNT NO. : 12000000195	
REFERENCE : 974834 712380	1
AUTHORIZATION: Spellelenan	ノ
COST LIMIT : \$ 125.00	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ORDER DATE: January 24, 2014	
ORDER TIME : 10:26 AM	•
ORDER NO. : 974834-010	
CUSTOMER NO: 7123801	
FOREIGN FILINGS	
	. 2.
NAME: HOST MCA TEI FLL FB, LLC	
	A
	27
XXXX QUALIFICATION (TYPE: LL)	77 77s
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
	STATE OF
CERTIFIED COPY XX PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight EXT# 52956	
EXAMINER:	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HOST MCA TEI FLL FB, 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 a consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")		
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicabe company is organized)	le)	
4		
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)		
5. 100 Terminal Drive		
Ft. Lauderdale, FL 33315		***
(Street Address of Principal Office)	;;	
6905 Rockledge Drive, Bethesda, MD 20817		2
		Division of the Control of the Contr
(Mailing Address)		٠.
7. The name, title or capacity and address of the person(s) who has/have authority to ma		្ន
7. The name, title or capacity and address of the person(s) who has have authority to his	mago istato.	•
Jeffrey Poersch, Secretary, Host International, Inc., 6905 Rockledge Dr., Bethesda, MD 20817,	Managing M	embr
Pedro Amaro, Director, Master Concessionair, LLC, Mlami Intl Airport, Concourse F, Rm 3472,	Miami, FL 3	3122
Tarra Pressey, Pres. Tarra Enterprises, Inc., 1000 Palm Beach Inti Airport, Ste 127, W. Palm Be	each, FL 334	406
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has not be purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in ranslation of the certificate under oath of the translator must be submitted.)		
Signature of an authorized person	_	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation	n under the	
penalties of perjury that the facts stated herein are true. I am aware that any false information st	ubmitted in a	.)

Jeffrey L. Poersch, Secretary of Host International, Inc., Managing Mem

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 o	of the Limited Liability	Company is:			
HOST MCA TE	I FLL FB, LLC		·		
If unavailable,	the alternate to be used	d in the state of Florida is:			
2. The name a	nd the Florida street ac	ddress of the registered agent and office are:		_	
	Corporation Service C	Company (Name)		7	
	1201 Hays Street	(Name)		127	
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)		.a2 .9	r r rr
	Tallahassee	FL 32301 City/State/Zip	_ 3-	<u> </u>	

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 605, Florida Statutes.

Corporation Service Company

By:

(Signature)

Sue G. Knight

Ssistant Vice President

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

## Delaware

משאלים ל

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "HOST MCA TEI FLL FB, 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-SEVENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOST MCA TEI FLL FB, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2014.

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

5471059 8300

140091977

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1086305

DATE: 01-27-14

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