

MI40000001396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-9341

Office Use Only



600256389376

02/10/14--01044--025 **155.00

FILED
2014 FEB 27 PM 4:06
CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 28 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2014

KUMAR KONERU
610 N SANTA ANITA AVE
ARCADIA, CA 91006

SUBJECT: TALLAHASSEE HOTEL LLC / BAYMONT INN & SUITES
TALLAHASSEE LLC
Ref. Number: W14000009341

We have received your document for TALLAHASSEE HOTEL LLC / BAYMONT INN & SUITES TALLAHASSEE LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 314A00003222

2014 FEB 27 PM 4:06

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TALLAHASSEE 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:

KUMAR KONERU

Name of Person

TALLAHASSEE HOTEL LLC

Firm/Company

610 N SANTA ANITA AVE

Address

ARCADIA, CA 91006

City/State and Zip Code

KUMAR@POSITIVEINVESTMENTS.COM

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

For further information concerning this matter, please call:

KUMAR KONERU

Name of Contact Person

818

at (Area Code)

370-7405

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 &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

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

FILED
2014 FEB 27 PM 4:06
TALLAHASSEE FLORIDA

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

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

1. TALLAHASSEE HOTEL LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

BAYMONT INN & SUITES TALLAHASSEE LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. CALIFORNIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4706497

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 610 N. SANTA ANITA AVE

ARCADIA, CA 91006

(Street Address of Principal Office)

6. 610 N. SANTA ANITA AVE

ARCADIA, CA 91006

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

VIJAYALAKSHMI KRISHNAMOORTHY

MANAGING MEMBER

2014 FEB 27 PM 4:06
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

8. 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)

K. Vijayalakshmi

Signature of an authorized person

(In accordance with section 605.0203, 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.)

VIJAYALAKSHMI KRISHNAMOORTHY

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 of the Limited Liability Company is:

TALLAHASSEE HOTEL LLC

If unavailable, the alternate to be used in the state of Florida is:

BAYMONT INN & SUITES TALAHASSEE LLC

2. The name and the Florida street address of the registered agent and office are:

KUMAR KONERU

(Name)

2850 APALACHEE PARKWAY

Florida Street Address (P.O. Box NOT ACCEPTABLE)

TALLAHASSEE

32301

FL

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 605, 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)

FILED
2014 FEB 27 PM 4:06
TALLAHASSEE FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TALLAHASSEE HOTEL LLC

FILE NUMBER: 201401710219
FORMATION DATE: 01/15/2014
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
2014 FEB 27 PM 4:06
CLERK OF STATE
TALLAHASSEE FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 22, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State