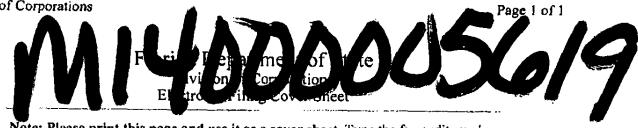
Division of Corporations



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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	VS DELAND HOTEL	,, LLC	
00200.1		Name of Limited Liability Company	
		n Limited Liability Company for Authorization to Transact Business in Florida," Certi o register the above referenced foreign limited liability company to transact business in	
Please return	all correspondence con	cerning this matter to the following:	
	Kenneth B. Abel		
		Name of Person	
	Ober, Kaler, Grime	es & Shriver, P.C.	
		Firm/Company	
	100 Light Street		
		Address	is di
	Baltimore, Maryla		= =
		City/State and Zip Code	E
	kbabel@ober.com	(A)	9
	<u></u>	E-mail address: (to be used for future annual report notification)	
For further is	nformation concerning t	his matter, please call:	
Ke	nneth B. Abel	at (410) 347-7394	<u>-</u>
	Name of C	Contact Person Area Code Daytime Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Habassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	is a check for the fol \$125.00 Filing Fee	llowing amount: S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certific Certificate of Status & Certified Copy of Status & Certified Copy	

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:

I. VS DELAND HOTEL, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	CLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company, ""L.L.C," or "L.LC,")	: must inclu	de "Lim	ited
2. DELAWARE			
(Jurisdiction under the law of which foreign limited liability company is organized) (FE) number, if applicable	e)		
4.			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. The Corporation Trust Center, 1209 Orange Street, Wilmington, DE 19801	· -		
(Street Address of Principal Office)	. — <u> </u>		
TIPLE ALL AND THE ACT OF THE ACT			~
6. TFM Management, LLC, 260 East Brown Street, Suite 250, Birmingham, MI 48009	ad to be a first	20	
	214.7	=	marginal.
(Mailing Address)		_≘_	
7. The name, title or capacity and address of the person(s) who has/have authority to man	eg c/s /are	;; 6 5	1
	77		1
Gerald C. Timmis III, Manager of Manager, 260 East Brown Street, Suite 250, Birmingham, MI 48009			Factoring II
Larry E. Jennings, Jr., Manager of Manager, 300 East Lombard Street, Suite 1111, Baltimore, MD 21202	33		
	7.0	-	
8. Attached is an original certificate of existence, no more than 90 days old, duly authentic having custody of records in the jurisdiction under the law of which it is organized. (A phoacceptable. If the certificate is in a foreign language, a translation of the certificate under of must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of his document constitutes an affirmation under the penalties of perjury the am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided	otocopy is ath of the	s not trans	ator
am sware that any 14150 information translates in a document one Department of State Continues a true defice letony as provided i	we 161 25 W. L. F. F. J.	· · · · · · · · · · · · · · · · · · ·	
Eric R. Abel	,		
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 C	ompany is:	
VS DELAND HOTEL, LLC		
If unavailable, the alternate to be used i	in the state of Florida is:	
2. The name and the Florida street add	ress of the registered agent and office are:	• •
C T Corporation System		
	(Name)	AG I
1200 South Pine Island Ro	ad	-6
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324 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.

Ву:	C T Corporation System	Kathym	A	Childan	
(Signature)					

Kathryn A. Widdoes, Asst. Secretary

\$ 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 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VS DELAND 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 SIXTH DAY OF AUGUST, A.D. 2014.

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

2010 AUG -6 AH II: IL

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You may verify this cortificate online

AUTHENTICATION: 1599926

DATE: 08-06-14