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

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Claremont Hotels 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:				
Sharon Tingdahl				
Name of Person				
Claremont Companies				
Firm/Company				
One Lakeshore Center				
Address				
Bridgewater, MA 02324				
City/State and Zip Code				
stingdahl@claremontcorp.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sharon Tingdahl 508 279-4347				
Nume of Contact 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: **State** Status Status				

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 Claremont Hotels LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I.	C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alte Liability Company," "L.L.C," or "LLC.")	ernate name must incl	lude "L	imited.
_{2.} Massachusetts _{3.} 27-1574331			
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, i	f 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. c/o Claremont Companies, One Lakeshore	Center	_	_
Bridgewater, MA 02324			
6. c/o Claremont Companies, One Lakeshore	Center		_
Bridgewater, MA 02324			
(Mailing Address)			_
7. The name, title or capacity and address of the person(s) who has/have authority	/ to manage(is/a	rc: a	
Elias Patoucheas, President of The Claremont Company, Inc., N	∕lanage <u>r </u> ∭	, AU	
One Lakeshore Center	25	- 7	. (7-14)
Bridgewater, MA 02324	7 (c) 2 (c)	70 21 21	
		: >	لد
8. Attached is an original certificate of existence, no more than 90 days old, duly a having custody of records in the jurisdiction under the law of which it is organized	· · · · · · · · · · · · · · · · · · ·		

acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator

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.)

Elias Patoucheas

must be submitted)

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 AGENT IN THE STATE OF FLORIDA.	REGISTERED OFFICE AND REGISTERED
The name of the Limited Liability Company is	:

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:

Francis X.J. Lynch

Claremont Hotels LLC

1209 N. Olive Avenue

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

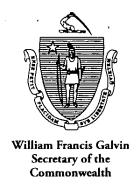
West Palm Beach

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.

> \$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

\$ 30.00 Certified Copy (optional) Certificate of Status (optional) 5.00



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

July 28, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CLAREMONT HOTELS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 29, 2009.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: CLAREMONT COMPANY INC.

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: CLAREMONT COMPANY INC., ELIAS PATOUCHEAS

The names of all persons authorized to act with respect to real property listed in the most recent filing are: ELIAS PATOUCHEAS



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villean Travin Galein

Processed By:nem