

M14000006171

(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:

file second

W14-52774

Office Use Only



000262982400

08/27/14--01006--017 **125.00

RECEIVED
DEPARTMENT OF STATE
2014 AUG 27 PM 12:05
TO ALL INFORMATION
SUPPLEMENTARY OF FILING

AUG 29 2014

A. LUNT

FILED
2014 AUG 27 AM 9:42
Filing Office of the
Department of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

2014 AUG 27 AM 9:42

August 28, 2014

CT CORPORATION SYSTEM
515 E. PARK AVE.
TALLAHASSEE, FL 32301

SUBJECT: ALENA HOSPITALITY SSL, LLC
Ref. Number: W14000052774

We have received your document for ALENA HOSPITALITY SSL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 214A00018486

RE-SUBMIT

Please retain original filing
date of submission 8/27

FILED

2014 JUL 27 11:42 AM
TALLAHASSEE, FL 32301

CT Corporation System

515 E Park Avenue, Tallahassee, FL 32301 850-205-8842

ALENA HOSPITALITY SSL, LLC

☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☒ LLC

Foreign Qual

☐ Certified Copy

☒ Walk In

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

W.P. Verifier

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ UCC

☐ After 4:30

☒ Pick Up

Order#:

9255281

Ref#:

Amount: \$

8/27/2014

KM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alena Hospitality SSL, 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:

Peter F. Souza

Name of Person

Wolters Kluwer

Firm/Company

1200 S. Pine Island Road STE 250

Address

Plantation, FL 33324

City/State and Zip Code

peter.souza@wolterskluwer.com

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

For further information concerning this matter, please call:

Peter F Souza

Name of Contact Person

at (877)

Area Code

261-6823

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 AM 9:42
CLERK OF THE COURT
JANET H. HARRIS

**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. Alena Hospitality SSL, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

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

3. 46-3527095

(FBI 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. 7335 W. Sand Lake Road STE 390

Orlando, Florida 32819

(Street Address of Principal Office)

6. 7335 W. Sand Lake Road STE 390

Orlando, Florida 32819

(Mailing Address)

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

William R. Huseman, Manager

7335 W. Sand Lake Road STE 390

Orlando, Florida 32819

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)


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.)

William R. Huseman, Manager

Typed or printed name of signer

FILED
2014 JUN 27 AM 9:42

**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:

Alena Hospitality SSL, LLC

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:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street 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.

By: NRAI Services, Inc.

Peter F. Souza
Assistant Secretary

(Signature)

\$ 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 "ALENA HOSPITALITY SSL, 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-SIXTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALENA HOSPITALITY SSL, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2014.

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

5593146 8300

141111071

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1650134

DATE: 08-26-14