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11)14-52732

Office Use Only

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2014

CT CORPORATION SYSTEM

SUBJECT: ALENA HOSPITALITY LBV, LLC

Ref. Number: W14000052732

We have received your document for ALENA HOSPITALITY LBV, 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), AuthorizedPerson (AP), or Authorized Representative (AR).

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days o your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 314A00018473

2014 AUG 27 PH 12: 1

www.sunbiz.org

CT Corporation System

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

ALENA HOSPITALITY		
]	
() Nonprofit	() Amendment	() Merger
()Domestic Corporation		
	() Dissolution/Withdrawal	() Mark
() Limited Partnership	() Reinstatement	
(X) LLC	() Annual Report	() Other
Foreign Qual		
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COVER LETTER

The enclosed "Application to Existence, and check are substance, and ch	Name of Person
Please return all corresponds Peter F. So Wolters Ki	by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ibmitted to register the above referenced foreign limited liability company to transact business in Florida dence concerning this matter to the following: Name of Person Name of Person
Please return all corresponds Peter F. So Wolters Ki	ibmitted to register the above referenced foreign limited liability company to transact business in Florida lence concerning this matter to the following: ousza Name of Person
Peter F. So Wolters Ki	lence concerning this matter to the following: Ousza Name of Person
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1200 S. Pir	
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	ne Island Rond STE 250 Address
Plantation,	······································
	City/State and Zip Code
peter.souza(@wolterskluwer.com E-mail address: (to be used for future minimal report notification)
For lutther information conce	erning this matter, please call:
Peter F Souza	at (877) 261-6823
Na	ame of Contact Person Area Code Daythue Telephone Number
MAILING ADDRE	
Division of Corporat Registration Section	
P.O. Box 6327	Clifton Building
Tallahasses, FL 3231	
	Tollahassee, PL 32301
Enclosed is a check for th	he following amount:
□ \$125.00 Filing Pec	
	Certificate of Status Certified Copy Certified Copy
	SS 53 7
	mo

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOHUNG IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If i	ame unavailable, enter alternate name adopted for the purpose illiy Company," "L.L.C," or "Ll.C.")	of trai	spoiling business in Florida. The alternate name must include "Limited
	Delayare	3.	46-1920944
7	urisulction under the law of which foreign limited liability company is organized)	_ J.	(FEI mimber, if applicable)
4.			
	(Date first transacted busines (See sections 605.0904 & 605.0	s in Fi 905, P	orida, if prior to registration.) .B. to delerance penalty liability)
5,. ,	7335 W. Snifd Lake Road STE 390		
	Orlando, Plarida 32819		
	• • • • • • • • • • • • • • • • • • • •	icii o	'Prinolph! Office)
6: _	335 W. Sand Lake Road STH 390		
	Orlando, Florida 32819		
-	(M	ailing	Address)
7.	The name, title or capacity and address of the p	crso	n(s) who has/have authority to manage is/are:
Wil	lanı R. Huseman, Manager		
733:	. W. Sand Lake Road STE 390		
Orle	ndo, Florida 32819		
nav iççé intis	ng oustody of records in the jurisdiction under the ptable. If the certificate is in a foreign language the submitted) Signature of sudaints with section 605.0203, P.S., the execution of this document of	the la	re than 90 days old, duly authenticated by the official two of which it is organized. (A photocopy is not anslation of the certificate under oath of the translator uthorized person tests an affiniation under the penalties of perjury that the facts stated herein the true. It is constituted a third degree follows as provided for in \$317.155, F.S.)
	William R. Husemen, Manager		
		od a	ame of signee

2014 AUG 27 PH 12: 13

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.

If unavailable,	the alternate to be used in the state of Florida is:
) The name o	and the Plevide street address of the registered agent and office area
z. The haine a	nd the Florida street address of the registered agent and office are:
	NDALG Co. To.
	NRAI Services, Inc.
	NRAI Services, Inc. (Name)
	(Name)
	(Name) 1200 South Pine Island Road

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.

Peter F. Souza

NRAI Services, No. 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)

2014 AUG 27 PH I2: 13

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALENA HOSPITALITY LBV, 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 ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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

141111066 DATE: 08-26-14 You may verify this cortificate online at corp. dolaware.gov/authver.shtml