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PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name	<del>)</del>	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to	Filing Officer:		

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SECRETARY OF STATE

N. Gulligan NOV - 5 2014

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 11/4/14

NAME:

JACKSONVILLE HOTEL PURCHASING COMPANY LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: Regis

Registration Section
Division of Corporations

## SUBJECT: JACKSONVILLE HOTEL PURCHASING COMPANY 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:

Capitol Services Corpora	ate Filings Team	_
	Name of Person	
Capitol Services, Inc.	Firm/Company	
	rutuCompany	
800 Brazos, Suite 400		_
	Address	
Austin, TX 78701		_
•	City/State and Zip Code	
cindy.chin@whg.com E-mail address: (	to be used for <u>future annual report notification</u> )	IMPORTANT: The email address entered here will be
For further information concerning this matter, plea	•	VIIIIzed for future ANNUAL REPORT NOTIFICATIONSII
	at ( 800 ) 345-4647	_
Name of 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 Tailahassee, FL 32301	
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Sta	unt: ee & S155,00 Filing Fee & \$160,00 Filing Fee, Certifi	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2014

FLORIDA FILING & SEARCH SERVICES INC

SUBJECT: JACKSONVILLE HOTEL PURCHASING COMPANY LLC

Ref. Number: W14000066497

We have received your document for JACKSONVILLE HOTEL PURCHASING COMPANY LLC and your check(s) totaling \$. 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).

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 014A00023410

DEPARTMENT OF STATE

## 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. JACKSONVILLE HOTEL PURCHASING COMPANY 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)  (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. <u>5847 San Felipe</u> , Suite 4650	2014 0	
Houston, TX 77057  (Street Address of Principal Office)	OCT 31	F
6. 5847 San Felipe, Suite 4650	孟	ED
Houston, TX 77057 (Mailing Address)	<u>9</u> . 52	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
JACKSONVILLE HOTEL 2014 PURCHASER LLC, Member		
5847 San Felipe, Suite 4650, Houston, TX 77057		
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)		
By June 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 train 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.)	ue. [	
JERRY BURRELL  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:	
JACKSONVILLE HOTEL PURCHASING COMPANY 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:	<del></del>
Capitol Corporate Services, Inc. (Name)	2914 OCT SELECTET FALLANT
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)	31 AN ARY OF S
Tallahassee FL 32301 City/State/Zip	9: <b>52</b> STATE LORIDA

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.

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.
(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 :

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JACKSONVILLE HOTEL PURCHASING
COMPANY 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 THIRTIETH DAY
OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACKSONVILLE HOTEL PURCHASING COMPANY LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2014.

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

5629719 8300

141355016

AUTHENTICATION: 1824998

DATE: 10-30-14

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