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(Re	questor's Name)					
(Ad	dress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Home and HOSPITALITY GROUP PARTNERS, 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:							
Kevin G. Benne H.							
Benne H 3 SALVA DORE, LLC							
Firm/Company							
80 NE yth Ave, Ste. 18							
De Cay Beach, FL 33483							
KBennette Bennettsalvapare.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Kevin G. Beunet at (561) 276-9343 Name of Contact Person Area Code Daytime Telephone Number							
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301							
Enclosed is a check for the following amount: \$\Bigsup \\$125.00 \text{ Filing Fee} \Bigsup \\$130.00 \text{ Filing Fee & Certificate of Status} \Bigsup \\$155.00 \text{ Filing Fee & Status & Certified Copy} \Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsup \Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \Bigsup							



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2014

KEVIN G. BENNETT 80 NE 4TH AVE STE 18 DELRAY BEACH, FL 33483

SUBJECT: HOME AND HOSPITALITY GROUP PARTNERS, LLC

Ref. Number: W14000065369

We have received your document for HOME AND HOSPITALITY GROUP PARTNERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Tim Burch Regulatory Specialist II

Letter Number: 114A00023024

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. Home and HOSPITALITY GROUP PARTIMERS, 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) 3. 46-0586648 (FEI number, if applicable)
company is organized) 4. NOT YET TRANSACTING BUSINESS IN FLORIDA (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(Date first transacted business in Florida, it prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 1133 W. Atlantic Ave.
Delray Bach, FL 33444
6. 1133 W. Atlantic Ale,
De Vay Beach FL 33444 ET &
7. The name, title or capacity and address of the person(s) who has/have authority to mamage is/are:
Judy Conigliaro, Partner/ Marghay THMBR
426 Capistrano Dr.
Palm Beach Gardens, FL 33410
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.)
Typed or printed name of signee
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 Liabil	lity Company is	:				
HOME A	NO HOSP	ITALITY	GROUP	PARTNE	PS,L	. L C	<u> </u>
If unavailable, th	ue alternate to be u	used in the state	of Florida is:				
2. The name and	d the Florida stree	t address of the	registered age	ent and office are	e:		
	80 Florida	NE UN a Street Address (F Beach Ci	h Are	. Ste. 1	TAULAHASSEE FLORIDA	14 NOV 20 PM 4: 25	
liability company registered agent statutes relating	ned as registered a o at the place design and agree to act in to the proper and a tions of my position	gnated in this ce n this capacity. complete perfor	rtificate, I her I further agree mance of my a	eby accept the ape to comply with duties, and I am f	ppointmei the provi familiar w	nt as isions o vith an	of all id

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00 \$ 5.00 **Designation of Registered Agent**

Certificate of Status (optional)

Certified Copy (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOME & HOSPITALITY GROUP PARTNERS

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 SEVENTEENTH DAY OF

OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOME & HOSPITALITY GROUP PARTNERS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2012.

5177.655 8300

141305359

AUTHENTY CATION: 1789079

DATE: 10-17-14

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