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Division of Corporations Electronic Filing Cover Sheet

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H150000208383ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCAC00000023 Phone: (650)222-1092 Fax Number: (850)919-6368

Enterrathe email address for this business Antity to be used for future chique report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Spirides Hotel Finance Brokers, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

JAN 2 7 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help



	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Spirides Hotel Finance	······································	_
The engineers #Ameliansian her Francisco	Name of Limited Liability Company	
Existence, and check are submitted	gn Limited Liability Company for Authorization to Transact Business in Florida to register the above referenced foreign limited liability company to transect bus	," Certificate of liness in Florida
Please return all correspondence co	ncerning this matter to the following:	
Harry Spirides		
 _	Name of Person	-
Spirides Hotel Fit	nance Brokers, LLC	
	First/Company	•
100 S. Ashley Dr	ive, Suite 600	
	Address	•
Tampa, FL 33602	:	
	City/State and Zip Code	-
harry@spiridesho		_
	E-mail address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	물음 당
Harry Spirides	Contact Person Area Code Dayrime Telephone Number	写過し
Nume of	Contact Person Area Code Daytime Telephone Number	空 至 四
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 Tallahussee, FL 32301	26 MIN 30
Enclosed is a check for the fo		Certificate
₩ \$125.00 Filing Fee	□\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of 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:

Spirides Hotel Finance Brokers, LLC (Name of Foreign Limited Liab	bility Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
name unavailable, enter alternate name ad ability Company," "L.L.C," or "LLC.")	lopted for the purpose of transacting business in Florida. The alternate name must include "I	imited
•		
Delaware Jurisdiction under the law of which foreig	3. (FEI number, if applicable)	
company is organized)	the impact of the state of the	
//5/		_
(See section	first transacted business in Florida, if prior to registration.) cons 605.0904 & 605.0905, F.S. to determine penalty liability)	
100 S. Ashley Drive, Suite 600		
Tampa, FL 33502		
	(Street Address of Principal Office)	
100 S. Ashley Drive, Suite 600		
······································		_
Tempa, FL 33602		
Tempa, FL 33602	(Mailing Address)	
	(Mailing Address) and address of the person(s) who has/have authority to manage is/are:	
The name, title or capacity an		
The name, title or capacity an	id address of the person(s) who has/have authority to manage is/are:	
The name, title or capacity an	ed address of the person(s) who has/have authority to manage is/are: by Drive, Suite 600, Tampa, FL 33602	
The name, title or capacity an	ed address of the person(s) who has/have authority to manage is/are: by Drive, Suite 600, Tampa, FL 33602	<u>-</u>
The name, title or capacity annuy Spirides, manager, 100 S. Ashle	ad address of the person(s) who has/have authority to manage is/are: by Drive, Suite 600, Tampa, FL 33602	<u> </u>
The name, title or capacity anny Spirides, manager, 100 S. Ashle,	ad address of the person(s) who has/have authority to manage is/are: by Drive, Suite 600, Tampa, FL 33602	Official
The name, title or capacity and my Spirides, manager, 100 S. Ashle, Attached is an original certification of records in the	ad address of the person(s) who has/have authority to manage is/are: by Drive, Suite 600, Tampa, FL 33602 cate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is no	officia officia
The name, title or capacity and my Spirides, manager, 100 S. Ashle, Attached is an original certification of records in the	ad address of the person(s) who has/have authority to manage is/are: by Drive, Suite 600, Tampa, FL 33602 cate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is no	officia officia
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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	e of the Limited Liability Company is:				
Spirides Hotel	Finance Brokers, LLC				
If unavailable, the alternate to be used in the state of Florida is:					
2. The name	e and the Florida street address of the registered agent and office are:				
	C T Corporation System				
	(Name)				
	1200 South Pine Island Road				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Plantation FL 33324				
	City/State/Zip				
liability com registered ag statutes relat	n named as registered agent and to accept service of process for the above stated limited apparts at the place designated in this certificate, I hereby accept the appointment as igent and agree to act in this capacity. I further agree to comply with the provisions of all uting to the proper and complete performance of my duties, and I am familiar with and bligations of my position as registered agent as provided for in Chapter 605, Florida in the proper and complete performance of my duties.	1 3			
	By: OT Corporation System Vice President & Assistant Secretary (Signature)	JiM 26 帮			
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent				
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	04			

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "SPIRIDES HOTEL FINANCE BROKERS, 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 JANUARY, A.D. 2015.

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

5679161 8300

150098887

DATE: 01-26-15

JEHREY W. Bullock, Secretary of State

You may varify this certificate online at corp.delaware.gov/authvor.shtml