M15000001800

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 517456 4809148

AUTHORIZATION :

COST LIMIT : \$ 1,(47)1_.25

ORDER DATE: February 26, 2015

ORDER TIME : 1:11 PM

ORDER NO. : 517456-005

CUSTOMER NO: 4809148

FOREIGN FILINGS

NAME: HAMPTON INNS MANAGEMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:



RECEIVED
DEPARTMENT OF PM 4: 30
15 HAR -9 PM 4: 30
TO ACCHOW OF FILTING

March 5, 2015

CSC

ATTN: COURTNEY WILLIAMS

RESUBMIT

Please give original submission date as file date.

SUBJECT: HAMPTON INNS MANAGEMENT LLC

Ref. Number: W15000015882

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

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 \$1,471.25.

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: 815A00004538

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:

Hampton Inns Management LLC	* FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "I	L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The a Liability Company," "L.I., C," or "LLC.")	Itemate name inust include "Limited
2. Delaware 3.	
	, if applicable)
4 October 24, 2007	_ 1
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5 7930 Jones Branch Drive	MAR SAET
McLean, VA 22102	50 F F
(Street Address of Principal Office)	
6. 7930 Jones Branch Drive	
McLean, VA 22102	0 N S
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authori	ty to manage is/are:
Authorized Persons - Joseph Berger, Keith Clampet, W. Steven Standef	_
All Authorized Persons at 7930 Jones Branch Drive, Mc	Lean, VA 22102
8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	d. (A photocopy is not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties am aware that any false information submitted in a document to the Department of State constitutes a third degree felony	
Owen Wilcox	
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	f the Limited Liability Con	npany is:			
Hamptor	n Inns Managen	nent LLC			
If unavailable, HIM LLC	the alternate to be used in t	the state of Florida is:			
2. The name ar		s of the registered agent and office are:			
	Corporation Se	ervice Company		<u></u>	
		(Name)		15 HAR	Every Face
	1201 Hays Street		SSVI	R -4	Characteristics
Florida Street Address (P.O. Box NOT ACCEPTABLE)			PH		
	Tallahassee	FL 32301	STATE FLORIDA	95 :1 I	
		City/State/Zip	D.Y. A	Ö	

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.

Courtney Williams
Asst. Vice President

\$ 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 "HAMPTON INNS MANAGEMENT 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 FEBRUARY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAMPTON INNS MANAGEMENT LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2007.

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

15 MAR -4 PM L: 56
SECRETARY OF STATE

4426131 8300

150271413

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 2152258

DATE: 02-26-15

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