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Division of Corporations Electronic Filing Cover Sheet

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(((H15000063139 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:

Foreign Limited Liability Company Destin Pink Hotel, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

MAR 13 2015

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Destin Pink Hotel, 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:				
Robert G. Schaedte, til				
Name of Person				
Destin Pink Hotel, LLC				
Fint/Cempany				
2000 Meridian Blvd, Suite 200				
Franklin, TN 37067 City/State and Zip Code bdickerson@chartwellhospitality.com E-mail address: (to be used for future manual report notification) For further information concerning this matter, please call:				
bdickerson@chartwellhospitality.com				
E-mail address: (to be used for future minual report notification) For further information concerning this matter, please call:				
Sussan P, Harshbarger at (901) 537-1114 Name of Contact Person Area Code Daytime Telephone Number				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{125.00 Filing Fee} & 125.00 Filing Fe				

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:

J. Destin Pink Hotel, LLC	
(Name of Foreign Lunned Liability Company; must include "Limited Liability Co	impany," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Flo- liability Company," "L.L.C," or "LLC.")	orida. The atternate name must include "Limited
Delaware 3. 47-3246694	
(Jurisdiction under the law of which foreign limited liability (I company is organized)	Lil number, if applicable)
(1) are first transacted business in Florida, if prior to regist	ration.)
(See sections 605,0904 & 605,0905, F.S. to determine penal	
2000 Meridian Blvd, Suite 200 Franklin, TN 37067	
(Street Address of Principal Office)	
2000 Meridian Blvd, Suite 200 Franklin, TN 37067	
2000 Michigal Divg, 3016 200 Frankini, 114 37007	<u>19-50 €¶</u>
	िल मा
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/hav	e authority to manage is/are: N
Robert G. Schnedle, III - Manager	
· · · · · · · · · · · · · · · · · · ·	32 5 2 H
2000 Meridian Blvd, Suite 200 Franklin, TN 37067	<u> </u>
B. Attached is an original certificate of existence, no more than 90 days of aving custody of records in the jurisdiction under the law of which it is acceptable. If the certificate is in a foreign language, a translation of the	organized. (A photocopy is not
nust be submitted)	Perfections wilder paper of the delibrator
Mut 6 September	
Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under mawner that any false information submitted in a document to the Department of State constitutes a third	the penalties of perjury that the facts stated herein are true
Typed or printed name of signee	1(1)
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.

Destin Pink	ne of the Limited Liability	Company is:	
	ble, the alternate to be used	d in the state of Florida is:	
ti unavana	oie, the anemate to be used	on the state of Profita is:	
2. The nan	nc and the Florida street ad	ldress of the registered agent and office a	rc:
	C T Corporation System		TALL TALL
	(Naue)		西田 四
	1200 South Pine Island Road		4年 7 日
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	mt		
	Plantation	FL 33324 City/State/Zip	32
liability cor registered c statutes rela	mpany at the place designal agent and agree to act in thi ating to the proper and com	nt and to accept service of process for the ted in this certificate, I hereby accept the c is capacity. I further agree to comply with uplete performance of my dutles, and I am is registered agent as provided for in Chap	appointment as h the provisions of all familiar with and
	CT Corporation Syste	em Canin Barre	Andries Commence
		(Signature) 8	
		00.00 Filing Fee for Application	
		25.00 Designation of Registered Ager 30.00 Certified Copy (optional)	11
	S	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 "DESTIN PINK HOTEL, 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 NINTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DESTIN PINK HOTEL, LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2015.

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

15 FEB 12 # 11: 32 SECRETARY 9: 51410

5697896 8300

150328986

AUTHENTY CATION: 2179340

DATE: 03-09-15

You may verify this certificate only at corp.delaware.gov/euthyor.shtml