

5/12/2015 4:15:11 PM

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

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From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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
Westwinds Key West, LLC

Certificate of Status	1
Certified Copy	0
Page Count	0807
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY - 1 AM 9:34

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Westwinds Key West, 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:

Joseph Moffa

Name of Person

Riley Hotel Group

Firm/Company

387 Medina Rd. Suite 400

Address

Medina, OH 44256

City/State and Zip Code

rstewart@rileyhg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Stewart

Name of Contact Person

330

Area Code

590-8034

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
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



May 4, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: WESTWINDS KEY WEST LLC
REF: W15000031260

Please retain original filing
date of submission 5/1

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.
Re: Document number W15000031260

The Resolution of the Board of Directors was filed on May 4, 2015 changing the alternate name in Florida from to WESTWINDS KEY WEST LLC for , corporation.

Should you have any questions regarding this matter, please telephone the Amendment Section at (850) 245-6050.

Teresa Brown
Regulatory Specialist II
Division of Corporations

Letter number: 415A00009103

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

P.O BOX 6327 - Tallahassee, Florida 32314

5/12/2015 4:15:18 PM From: To: 8506176383(3/7)
850-817-8381 5/4/2015 11:31:58 AM PAGE 2/002 Fax Server



If you have any questions concerning the filing of your document, please
call (850) 245-6051.

FLORIDA DEPARTMENT OF STATE

Teresa Brown
Regulatory Specialist II

Division of Corporations
FAX Aud. #: H15000106910
Letter Number: 415A00009103

P.O BOX 6327 - Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:**

1. Westwinds Key West LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Westwinds Hotel, 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. Ohio

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3407859

(FBI 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. 904 Eaton Street

Key West, FL 33040

(Street Address of Principal Office)

6. 387 Medina Road, Suite 400

Medina, OH 44256

(Mailing Address)

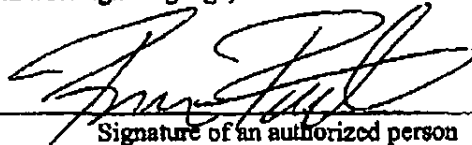
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

NGR- Douglas Leohr, 387 Medina Rd. Suite 400, Medina, OH 44256

NGR- Sean McGreer, 387 Medina Rd. Suite 400, Medina, OH 44256

NGR Roman Paich, 387 Medina Rd. Suite 400, Medina, OH 44256

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.)

Roman Paich

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY -1 AM 9:34

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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 of the Limited Liability Company is:

Westwinds Key West, 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:

CT Corporation System

(Name)

1200 South Pine Island Rd.


Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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2015 MAY -1 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WESTWINDS KEY WEST, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2363662, was organized within the State of Ohio on February 2, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of April, A.D. 2015.*

Jon Husted

Ohio Secretary of State

Validation Number: 201512002340