M1500004546

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

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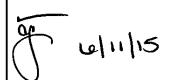


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TO ACKNOWLEDGE SUFFICIENCY OF FILIN DEPARTMENT OF STATE

FILED
15 JUN 10 MIII: 58



SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724

TOLL FREE: 844-541-6792

COVER LETTER

WALK IN	
ENTITY NAME: Hotel Systempro, LL	
CK# <u>173</u> 2	
AMOUNT:130	
PLEASE FILE THE ATTACHED AND RETURN:	
X PLAIN COPY & CEPT OF STORTES	<u>.</u>
_ CERTIFIED COPY	2º- 11
PLEASE CONTACT TINA AT 850-508-1891 FOR	

FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

COVER LETTER

	egistration Section ivision of Corporations						
SUBJECT	. HOTEL SYSTEMSPE	RO, LLC					
		Name of Lim	ited Liability Company				
	ed "Application by Foreign and check are submitted to						
Please retu	rn all correspondence conc	erning this matter to t	he following:				
	Michael Karamat						
			Name of Person	·			
	Krevolin & Horst, I	LLC			. ,		
	Firm/Company 25 Aug.					<u>ਹੀ</u> .	
	1201 West Peach	Iree Street, Suite 32	250		Name Social So	OI NUL	न्स
			Address			2	E21
	Atlanta, GA 30309				(13 (13 10 10 10 10 10 10 10 10 10 10 10 10 10	8 ::	
		City	/State and Zip Code			<u>∵</u>	
	karamat@khlawfirr	n.com			, # To 1	ထ	
		E-mail address: (to be u	sed for future annual rep	ort notification)			
For further	information concerning th	is matter, please call:					
t.	lichael Karamat		at (404	404-888-016	9		
	Name of Co	ntact Person	Area Code	Daytime T	9 elephone Number		
Di Re P.	IAHANG ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	Divis Regi: Clifte 2661	EFT ADDRESS: sion of Corporations stration Section on Building Executive Center Circ hassee, FL 32301	sle			
	is a check for the follo \$125.00 Filing Fee 图	owing amount: \$130.00 Filing Fee & Certificate of Status	∠ □ \$155.00 Filing Certified Copy		60.00 Filing Fee, Cert Status & Certified Co		



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2015

SUNSHINE CORPORATE & FILING SERVICES, INC.

SUBJECT: HOTEL SYSTEMSPRO, LLC

Ref. Number: W15000039372

We have received your document for HOTEL SYSTEMSPRO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 615A00012026

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FILED

15 JUN 10 AM 11: 58



FLORIDA DEPARTMENT OF STATE **Division of Corporations** osubm

June 5, 2015

SUNSHINE CORPORATE & FILING SERVICES, INC.

SUBJECT: HOTEL SYSTEMSPRO, LLC

Ref. Number: W15000039372

We have received your document for HOTEL SYSTEMSPRO, LLC and your check(s) totaling \$430.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please have a person sign for the corporation listed as Registered Agent. The corporation can not sign for itself.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 415A00011838

FILED

www.sunbiz.org

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. HOTEL SYSTEMSPRO, 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 Liability Company," "L.L.C," or "LI.C.")	e name must include "Limited
2. Georgia 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately approximatel	licable)
4. upon filing	Mark State of the
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	· · · · · · · · · · · · · · · · · · ·
5. 280 Interstate North Circle, Suite 600	
Atlanta, GA 30339	6 G
(Street Address of Principal Office)	The E O
6. 280 Interstate North Circle, Suite 600	
Atlanta, GA 30339	00
(Mailing Address)	
 The name, title or capacity and address of the person(s) who has/have authority to Lana Perkins and Carlos Urrutia, Managers 	manage is/are:
280 Interstate North Circle, Suite 600	
Atlanta, GA 30339	
8. Attached is an original certificate of existence, no more than 90 days old, duly authorating custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate uncomust be submitted)	photocopy is not
Jana Mach	
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 perjum aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in the penalties of the penaltie	ury that the facts stated herein are true.
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 perj	ury that the facts stated herein are true. vided for in s.817.155, F.S.)

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 nam	e of the Limited Liability Cor	nρε	any is:			
HOTEL SYS	TEMSPRO, LLC					
If unavailab	le, the alternate to be used in	tine	state of Florida is:			-
2. The nam	e and the Florida street addre	ss c	of the registered agent and office are:			-
	NRAI Services, Inc.					
			(Name)			
	1200 South Pine Island Road					
	Florida Street	۸dd	ress (P.O. Box NOT ACCEPTABLE)	_		
	Plantation		FL 33324 City/State/Zip			
liability com registered ag statutes rela	pany at the place designated i gent and agree to act in this co ting to the proper and comple	in ti apa te p	to accept service of process for the above his certificate, I hereby accept the appointify. I further agree to comply with the performance of my duties, and I am familitiered agent as provided for in Chapter 60 august 1997.	ntment as provisions iar with a	s of al and	
	\$ 100.0 \$ 25.0 \$ 30.0 \$ 5.0	00 00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)		HINY CINNT	

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0420511
DATE INC/AUTH/FILED : March 29, 2004
JURISDICTION : Georgia
PRINT DATE : June 02, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HOTEL SYSTEMSPRO, LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Brian P. Kemp Secretary of State FILED

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