## MEDDOSA

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## COVER LETTER

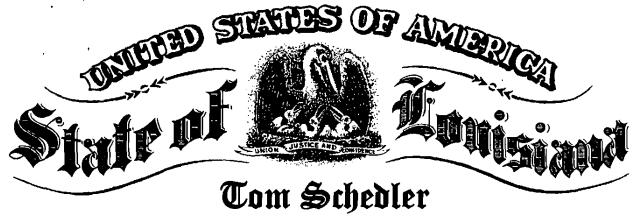
TO:	Registration Section Division of Corporations	· .	,	,p*	ye.	
SUBJI	Lakeland Lodging, LLC	2				٠
осро.		Name of	Limited Liability	Сотрапу		
The en	sclosed "Application by Foreignce, and check are submitted to	n Limited Liability Com o register the above refe	npany for Authoriza renced foreign limi	ation to Transated liability co	act Business in Flori ompany to transact b	ida," Certificate of ousiness in Florida
Please	return all correspondence con-	cerning this matter to the	e following:			
	Nikki Tinnerello					
		<u> </u>	Name of Person			
	InterMountain Ma	nagement, LLC				
		F	Firm/Company	,		
	2390 Tower Drive					
	,		Address		ر المدس مراه مهومه در المسلم	2 171
	Monroe, LA 7120	1				9 2
		City/s	State and Zip Code		() ) ( ) () ( ) ()	3 S
	nikkit@intermounta				#**** 	
For fur	E ther information concerning th	-mail address: (to be use tis matter, please call:	ed for future annua	report notific	ation)	語の
	Nikki Tinnerello		318 at (	812-0113		
	Name of C	ontact Person	Area Code	Daytim	e Telephone Numbe	er _
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET A Division of C Registration Clifton Build 2661 Execut Tallahassee,	Corporations Section ling ive Center Circle	
Enclos		amount: \$130.00 Filing Fee & Certificate of Status	■ \$155,00 Filin Certified Copy	-	3 \$160.00 Filing Fee f Status & Certified	

## $\begin{array}{c} \textbf{APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS} \\ \textbf{IN FLORIDA} \\ \end{array}$

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. Lakeland Lodging, LLC (Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or '	(LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,			e must include "Limited
2. Louisiana	3. 4'	7-2375087	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Flor (See sections 605,0904 & 605,0905, F.S	da, if prior to registration.)	
5. 2390 Tower Drive			
Monroe, LA 71201	TO A LI A POLICIA DE LA CONTRACTOR DE LA	N.C.	
6. 2390 Tower Drive	(Street Address of Principal C	Jrice)	
Monroe, LA 71201			يشه رم اس
	(Mailing Address)		<b>建筑</b>
7. Name and street address	s of Florida registered agent: (P,O, Box	<u>NOT</u> acceptable)	
Name:	Capitol Corporate Services, Inc.	<del></del>	WA BIT
Office Address:	155 Office Plaza Drive, Ste. A		المناسب المناسب المناسب
	Tallahassee	, Florida 32301 (Zip code)	- 62 W
Registered agent's accep	(City)	(Zip code)	승규 얼
designated in this applica to complywith the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent.  (Registered agent	registered agent and agree to act in this nd complete performance of my duties,	s capacity. I further agree
8. The name, title or caps	acity and address of the person(s) who has	/have authority to manage is/are:	
Dewey F. Weaver, Jr., Ma	• • •	, ,	
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be so</li> </ol>	of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted)	uly authenticated by the official having of is in a foreign language, a translation of	sustody of records in the the certificate under oath
	Signature of an auth	orized person	
	I in accordance with section 605.0203 (T) of the Department of State constitutes a thir		
	Dewey F. Weaver, Jr.	•	

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

## **LAKELAND LODGING, LLC**

A limited liability company domiciled in MONROE, LOUISIANA,

Filed charter and qualified to do business in this State on November 17, 2014,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

October 21, 2015

Certificate ID: 10647432#8EG62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov

Web 41698971K