

M1600001928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

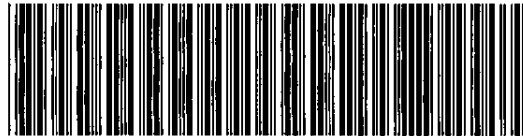
Certified Copies _____

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Special Instructions to Filing Officer:

M16-12433
647

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 13 PM 1:33

MAR 07 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2016

SANTIAGO G PIQUE
888 MACARTHUR CAUSEWAY
MIAMI, FL 33132 US

SUBJECT: FLAGSHIP HOSPITALITY COMPANY, LLC
Ref. Number: W16000012633

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TALLAHASSEE, FLORIDA
16 FEB 19 PM 1:33

We have received your document for FLAGSHIP HOSPITALITY ~~COMPANY~~ ^{MANAGEMENT}, 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):

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.

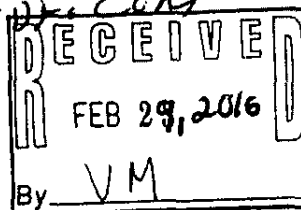
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young
Regulatory Specialist II

Letter Number: 316A00003531

Sheila.YOUNG@DOS.MY.FLORIDA.GOV



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLAGSHIP HOSPITALITY MANAGEMENT, 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:

SANTIAGO G. PIQUE

Name of Person

FLAGSHIP HOSPITALITY MANAGEMENT, LLC

Firm/Company

888 MACARTHUR CAUSEWAY

Address

MIAMI, FL 33132

City/State and Zip Code

SPIQUE@FLAGSHIPHM.COM

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 FEB 18 PM 1:33

For further information concerning this matter, please call:

SANTIAGO G PIQUE

305

374-0040 X 101

at ()

Name of Contact Person

Area Code

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

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. MANAGEMENT
FLAGSHIP HOSPITALITY COMPANY, 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 name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 81-1434258
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/10/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 888 MACARTHUR CAUSEWAY
MIAMI, FL 33132
(Street Address of Principal Office)

6. 888 MACARTHUR CAUSEWAY
MIAMI, FL 33132
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NATHALIE H. GOULET
Office Address: 888 MACARTHUR CAUSEWAY
MIAMI, FL, Florida 33132
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

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

MEHMET BAYRAKTAR - MGR
888 MACARTHUR CAUSEWAY AND S. Kriye Bayraktar - MGR.
MIAMI, FL 33132 888 MACARTHUR Causeway
MIAMI, Fla. 33132

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MEHMET BAYRAKTAR

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 18 PM 1:33

State of Delaware - Division of Corporations
CERTIFICATION SHEET - Fax# 302-739-3812



Priority 1
(One Hr)



Priority 2
(Two Hr)



Priority 3
(Same Day)



Priority 4
(24 Hour)



Priority 7
(Reg. Work)

SUBMITTER'S INFORMATION

Company/Firm or Individual's Name Flagship Hospitality Management, LLC
Return Address 888 MacArthur Causeway
City - State - Zip Miami, FL 33132
Attention: Santiago G. Pique
Phone# 3053740040X101 Fax# _____
E-mail address sandyp@flagshipm.com
Account Number _____

DO NOT WRITE IN THIS SPACE

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SEC. OF STATE
TALLAHASSEE, FLORIDA
16 FEB 18 PM 1:33

CERTIFICATION REQUEST INFORMATION

Name of Company/Entity Flagship Hospitality Management, LLC
File Number 5960727

Type of Certificate Requested

- ☐ Certified Copy of All Charter Documents
☐ Certified Copy of Charter Documents, Restated Forward
☐ Certified Copy Filed on _____
☒ Short Form Good Standing (check if additional language req.)
 ☐ Tax reports filed
 ☐ Taxes paid to date
 ☐ No taxes assessed
☐ Long Form Good Standing (check if additional language req.)
 ☐ Tax reports filed
 ☐ Taxes paid to date
 ☐ No taxes assessed
☐ Certificate in RE: _____ (Type of Cert.)
☐ Apostille - Country _____
☐ Other _____

Check # _____ Total \$ Enclosed _____

METHOD OF RETURN

- ☐ Messenger/Pick up
☐ Express Mail Fed-X ☒
Acct# 503554704
☐ Regular Mail
☐ Other _____
Fax or E-mail is not available

COMMENTS/FILING INSTRUCTIONS

CREDIT CARD INFORMATION

Visa
(Visa, MasterCard, American Express or Discover Card Only)

CC# 3717 0306 1313 003

Expiration Date 05 / 17

Security Code 9103

INSTRUCTIONS

1. Visit corp.delaware.gov/cvrmemo.shtml for complete instructions on how to properly complete this memo.
2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FLAGSHIP HOSPITALITY 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-NINTH DAY OF FEBRUARY, A.D.
2016.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 18 PM 1:33




Jeffrey W. Bullock, Secretary of State

5960727 8300

SR# 20161350872

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

Authentication: 201907217

Date: 02-29-16

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:51 PM 02/10/2016
FILED 04:51 PM 02/10/2016
SR: 20160731593 - File Number: 5960727

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is FLAGSHIP HOSPITALITY
MANAGEMENT, LLC

Second: The address of its registered office in the State of Delaware is 1201
Orange Street, Ste 600 in the City of Wilmington
Zip code 19899 The name of its Registered agent at such address is
INCorp SERVICES, INC.

Third: (Use this paragraph only if the company is to have a specific effective date of
dissolution: "The latest date on which the limited liability company is to dissolve is
_____")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

TENTH day of FEBRUARY, 2016

By: [Signature]
Authorized Person(s)

Name: MEHMET BAYRAKTAR

16 FEB 18 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA