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(Requestor's Name)				
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MAR 2 4 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 073031 5123330

AUTHORIZATION

COST LIMIT : /\$\125.00

ORDER DATE: March 22, 2016

ORDER TIME : 12:31 PM

ORDER NO. : 073031-005

CUSTOMER NO: 5123330

FOREIGN FILINGS

NAME: HOSPITALITY NETWORK, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized Person							
Hospitality Network, L.L.C. (Name of Limited Liability Company)							
							a limited liability company duly organized and existing under the laws of
Delaware							
(State or Country of Organization)							
Because the name of this foreign limited liability compar	ny does not satisfy the						
requirements of the s. 605.0112, F.S., the limited liability	company hereby adopts the						
following name to transact business in the state of Florid	a:						
Cox Hospitality Network, L.L.C.	6						
(Name to be used by limited liability company in Florida. NOTE: Name me Company, L.L.C., or LLC.)	₩} N						
	ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω						
X L							
Signature Authorized Person	Date -						

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 FORTEGN LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must includ	e "Limited Liability Company,"	"L.L.C.," or "LLC	")		
Cox Hospitality Network	k, L.L.C. Iternate name adopted for the purpose of tran					
Liability Company," "L.L.C,		sacting business in Florida. The	atternate name mu	st includ	c 171mtt	a
2. Delaware	3.	88-0305825				
	of which foreign limited liability	(FEI number,	if applicable)			
4. upon filing						
	(Date first transacted business in Fk (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) .S. to determine penalty liability)			
6205-B Peachtree Dun	woody Road					
Atlanta, GA 30328						
	(Street Address of Principal	Office)				
6205-A Peachtree Dun	woody Road, Attn: Legal Dept					
Atlanta, GA 30328						
	(Mailing Address))			d.	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		1	(C)	
Name:	Corporation Service Company			1.		
Office Address:	1201 Hays Street				C) L)	,
	Tallahassee	, Florida <u>3230</u>)1			
	(City)	, T ROFIGE(2	Zip code)		છ	,
Registered agent's accep	tance: gistered agent und to accept service of p		e	201 - 107	0.7	,
lesignated in this applica to complywith the provision	tion, I hereby accept the appointment a ons of all statutes relative to the proper my position as registered agent Corporation Service Company By:	s registered agent and agree and complete performance of	to act in this cap	pacity. I I I am fa Iy Will	I further amiliar i liams	r agree with ai
	(Registered age	ent's signature)	MSSt. VIC	e i ic	310011	•
8. The name, title or capa	acity and address of the person(s) who ha	as/have authority to manage is	s/are:			
Please see attached list						
		· · · · · · · · · · · · · · · · · · ·				
O. Attached is a certificate urisdiction under the law of the translator must be so	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	duly authenticated by the office is in a foreign language, a to	icial having custo ranslation of the	dy of re certifica	cords in te under	the oath
	Signature of an au	ithorized person				
This document is executed submitted in a document to	I in accordance with section 605.0203 (1 or the Department of State constitutes a th) (b), Florida Statutes. I am av ird degree felony as provided	ware that any fals for in s.817.155.	e inform	nation	
	Shauna Sullivan Muhl	, , ,				

Typed or printed name of signee

Appointments Hospitality Network, L.L.C.

Company Name		Country		
Hospitality Network, L.L.C.	l	United States		
Appointments Appointed person	Position	Date of event		
**Breaux, Jeff	Director	04/21/2015		
**Breaux, Jeff	Senior Vice President	04/21/2015		
*Friedman, Maria L.	Vice President	01/01/2009		
*Friedman, Maria L.	Treasurer	05/15/2014		
™Rowley, Stephen M.	Director	04/21/2015		
**Rowley, Stephen M.	President	04/21/2015		
*Muhl, Shauna Suliivan	Secretary	02/17/2010		

Addresses:

*6205-A Peachtree Dunwoody Road, Atlanta, GA 30328

**6205-B Peachtree Dunwoody Road, Atlanta, GA 30328

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOSPITALITY NETWORK, L.L.C." 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-SECOND DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOSPITALITY NETWORK, L.L.C." WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2007.

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

THE STATE OF THE S

Authentication: 202022469

Date: 03-22-16