

m16000004685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

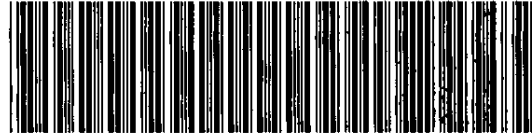
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

R.A. SIGN W16-42041

Office Use Only



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06/07/16--01015--006 **125.00

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2016 JUN -9 P 3:54
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TALLAHASSEE, FLORIDA

2016 JUN -6 AM 11:51
TALLAHASSEE, FLORIDA

S Warren

JUN 10 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2016

TRACY WETTEROFF
1 N. BRENTWOOD BLVD., SUITE 1000
ST. LOUIS, MO 63105

SUBJECT: MC HOTELS, LLC
Ref. Number: W16000042041

We have received your document for MC HOTELS, LLC and your check(s) totaling \$125.00. 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 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00012123

6-3-16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MC Hotels, 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:

Tracy Wetteroff

Name of Person

Spencer Fane LLP

Firm/Company

1 N. Brentwood Blvd., Suite 1000

Address

St. Louis, MO 63105

City/State and Zip Code

beytron@spencerfane.com

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

For further information concerning this matter, please call:

Tracy Wetteroff

314

333-3838

Name of Contact Person

at ()

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. MC Hotels, 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. Missouri 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1804 Borman Circle Drive, Suite 100
St. Louis, MO 63146
(Street Address of Principal Office)
6. 1804 Borman Circle Drive, Suite 100
St. Louis, MO 63146
(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Laura Broderick
(Registered agent's signature)

Laura Broderick
Assistant Secretary

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

Managers: J.T. Norville and David Robert

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)

J.T. Norville
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.

J.T. Norville, Manager

Typed or printed name of signer

FILED
2016 JUN - 9 P 3:54
DEPT. OF STATE
TREASURY OF FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

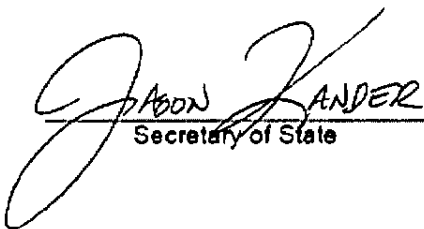
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

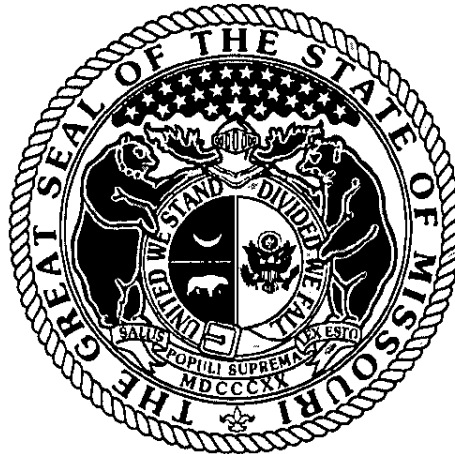
I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

MC Hotels, LLC
LC1025009

was created under the laws of this State on the 7th day of January, 2010, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of June, 2016.


Secretary of State



Certification Number: CERT-06032016-0074