

M160004787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

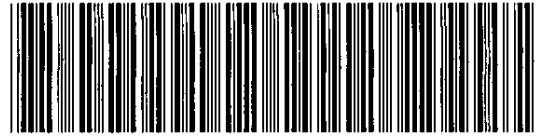
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

M. MILLIGAN  
EXAMINER

JUN 15

TISSUE LAW OFFICES, PLLC

10612-D Providence Road

PMB 489

Charlotte, NC 28277

JOSEPH N. TISSUE

joe@tissuelaw.com

TELEPHONE: 704-321-4745

FACSIMILE: 704-749-8723

June 8, 2016

**VIA UPS**

Division of Corporations

Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

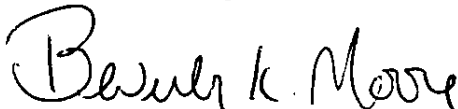
Re: Registration of Foreign LLC – Amelia Historical District Hotel, LLC

Greetings:

Enclosed please find Cover Sheet and Application for Foreign Limited Liability Company for Authority to Transact Business in Florida along with our check in the amount of \$125.00.

If you have any questions or need any additional information, please do not hesitate to contact me.

With kindest regards,



Beverly K. Moore, NCCP

Paralegal

\bgk

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amelia Historical District Hotel, 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:

Ronald E. McCauley  
Name of Person

Park Place Hospitality Group, Inc.  
Firm/Company

136 Corporate Park Drive, Suite E  
Address

Mooresville, NC 28117  
City/State and Zip Code

ron.mccauley@parkplacehg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph N. Tissue at (704) 321-4745  
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. Amelia Historical District Hotel, 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. North Carolina 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 19 S. Second Street  
Fernandina Beach, FL 32034  
(Street Address of Principal Office)

6. 19 S. Second Street  
Fernandina Beach, FL 32034  
(Mailing Address)

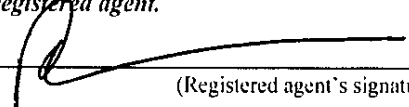
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bob Ramshaw  
Office Address: Hampton Inn & Suites, 19 South Second Street  
Fernandina Beach, Florida 32034  
(City) (Zip code)

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**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

X   
(Registered agent's signature)

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

Ronald E. McCauley, Manager - 136 Corporate Park Drive, Suite E, Mooresville, NC 28117

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)

RE McCauley  
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 perjury that the facts stated herein are true. 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.)

Ronald E. McCauley  
Typed or printed name of signee



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

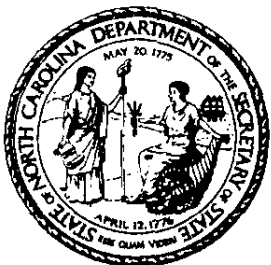
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### AMELIA HISTORICAL DISTRICT HOTEL, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of February, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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SECRETARY OF STATE  
FALLAHASSEE FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of June, 2016.

*Elaine F. Marshall*

Secretary of State