(Requestor's Name)						
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



600288716756

AUG 3 6 2016 Y SULKER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/29/16

NAME: INDSAR HOSPITALITY, LLC

TYPE OF FILING: APPLICATION

COST:

160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

то:	Registration Sec Division of Corp					
SUBJE	INDSAR Ho	spitality, LLC				
50001		Name of	Limited Liability Compa	ny		
				Transact Business in Florida," Certificate of bility company to transact business in Florida		
Please	eturn all correspon	dence concerning this matter to the	following:			
	James S	Campbell or Amy Manning				
	·	N	ame of Person			
	Byrd Ca	mpbell, P.A.				
Firm/Company						
	180 Park Avenue North, Suite 2A					
	. ·		Address			
	Winter F	ark, FL 32789				
		City/S	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	amanning	@byrdcampbell.com				
		E-mail address: (to be used	d for future annual report	notification)		
For furt	her information con	cerning this matter, please call:				
Amy Manning 850 308-7440		-7440				
	7	lame of Contact Person	Area Code I	Daytime Telephone Number		
	MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	Divisi Regist Cliftor 2661 I	CET ADDRESS: on of Corporations ration Section n Building Executive Center Circle assee, FL 32301		
Enclose	d is a check for the \$125.00 Filing i		S155.00 Filing Fee &	\$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:

INDSAR Hospitality, I	LLC		
(Name of Fore	eign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter a	Iternate name adopted for the purpose of	transacting business in Florida. The alternate r	name must include "Limited
Liability Company," "L.L.C,	" or "LLC.")		
2. Georgia	of which foreign limited liability	3. (FEI number, if applicab	
company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
4.			
	(Date first transacted business in (See sections 605.0904 & 605.090	r Florida, if prior to registration.) 5. F.S. to determine penalty liability)	_
5. 113 Bay Bridge Drive		700 - 100 -	
Gulf Breeze, Florida 37	2561		•
	(Street Address of Princ	ipal Office)	<u></u>
6. 113 Bay Bridge Drive			_
Gulf Breeze, FL 32561			
	(Mailing Addr	ress)	
7. Name and street addres	s of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	
Name:	Byrd Campbell, P.A.	· · · · · · · · · · · · · · · · · · ·	
Office Address:	180 Park Avenue North, Suite 2 A		
	Winter Park	, Florida <u>32789</u>	6 AUG
Registered agent's accept	(City)	(Zip code)	
Having been named as rej	gistered agent and to accept service	of process for the above stated limited lia	bility company at the place
designated in this applicat	tion, I hereby accept the appointmen	it as registe <mark>red agent and agree to act in i</mark>	his capacity. I further agree
	ons of all statutes relative to the prop my position as registered agent. 🖊 "	per and complete performance of my duti	es, and I am familiar with and
accept the bonganons of h	ny positron as registered agent.		
	- (Parket	agent's signature)	_
8. The name, title or capa	city and address of the person(s) who	has/have authority to manage is/are:	
INDSAR Investor, LLC, a	Florida limited liability company, as	s Manager	
113 Bay Bridge Drive			
Gulf Breeze, FL 32561			
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the certific	d, duly authenticated by the official having cate is in a foreign language, a translation	g custody of records in the of the certificate under oath
	~/ <i>i//</i>		
			_
		authorized person	
This document is executed submitted in a document to	in accordance <u>kith</u> section 605.0203 the Department of State constitutes a	(1) (b), Florida Statutes. I am aware that at third degree felony as provided for in s.81	ny false information 7.155, F.S.
	James S. Campbell		
•		d name of signee	

Control Number: 16075175

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

INDSAR Hospitality, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13268348 : 08/05/2016 : Georgia : 08/25/2016



Brian P. Kemp Secretary of State