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DEPARTMENT OF STAT

MAR OB PARTS

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

	DATE 3-7-17
Name:	TALLAHASSEE HOTEL, LLC (HIT, LLC)
Document #:	_
Order #:	Magge Paranet
Certified Copy of Arts & Amend:	
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Thank you!

COVER LETTER

	illahassee Hotel, LI	LC (HIT, LLC)					
SUBJECT:	Name of Limited Liability Company						
The enclosed "/ Existence, and c	Application by Fore theck are submitted	ign Limited Liability Compa to register the above referen	ny for Authorizat ced foreign limite	ion to Tran d liability (sact Business in Florida," Certificate of company to transact business in Florida		
Please return all	correspondence co	ncerning this matter to the fo	ollowing:				
	Elizabeth Wood	fin-Hill					
	Name of Person						
	Southeastern Property Development, LLC						
	Firm/Company						
	P O Box 55465						
	Address						
	Birmingham, Al	L 35255					
	A	City/Sta	nte and Zip Code	MIN V 444 AM			
	elizabethwayweld						
		E-mail address: (to be used	for future annual	report notif	fication)		
For further info	rmation concerning	this matter, please call:					
Elizabeth Woodfin-Hill			639-522				
	Name o	f Contact Person	Area Code	Dayt	ime 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		of Corporations on Section uilding cutive Center Circle			
	heck for the follow 25.00 Filing Fee	ing amount: \$\Pi\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir 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: Tallahassee Hotel, Lf.C (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") HIT, 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.") 3 47-3463505 Alabama (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2101 Highland Ave S, Ste 200 Birmingham, AL 35205 (Street Address of Principal Office) P O Box 55465 Binningham, AL 35255 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation . Florida 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 complywith 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. NRAI Services, Inc. Ву: (Registered agent's signature) Natalie Leiba-Paul - Assistant Secretary 8. The name, title or capacity and address of the person(s) who has have authority to manage is/are: Charles V. Welden, III, Manager P O Box 55465 Binningham, AL 35255 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 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.

Typed or printed name of signee

Charles V. Welden, III, Manager

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Tallahassee Hotel, LLC was formed in Jefferson County, Alabama on March 19, 2015. The Alabama Entity Identification number for this entity is 331-290. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

3/6/2017

Date

X. W. Menill

John H. Merrill

Secretary of State