

M17000009251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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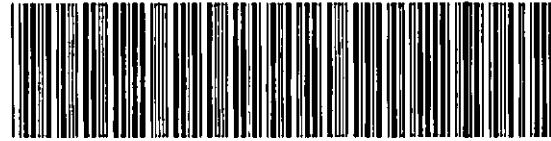
(Business Entity Name)

(Document Number)

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2017 OCT 30 PM 1:40

OCT 31 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CI Ocala 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:

Jeffrey Hirsch

Name of Person

Campers Inn of Kingston, Inc.

Firm/Company

146 Route 125

Address

Kingston NH 03848

City/State and Zip Code

bcaillouette@campersinn.com

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

For further information concerning this matter, please call:

Beth Caillouette

603

642-5555

at (_____) _____

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. CI Ocala 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. New Hampshire 3. 82-3112639
(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. 146 Route 125 6. 146 Route 125
(Street Address of Principal Office) (Mailing Address)
Kingston NH 03848 Kingston NH 03848

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

Name: Richard Chynoweth

Office Address: 3230 US Highway 27/441

Leesburg, Florida 34731
(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.

Richard Chynoweth

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Jeffrey M. Hirsch</u> <u>10626 General Avenue</u> <u>Jacksonville FL 32220</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.

Jeffrey M. Hirsch
Signature of an authorized person

Jeffrey M. Hirsch

Typed or printed name of signee

State of New Hampshire

Department of State

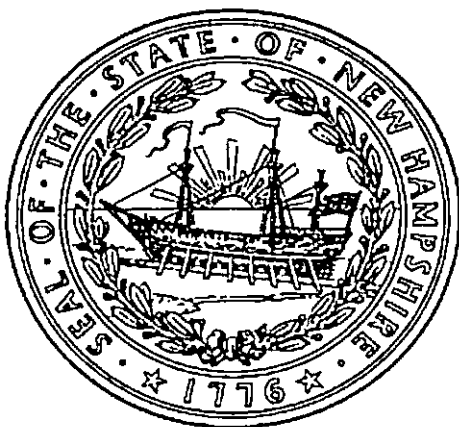
CERTIFICATE OF EXISTENCE

OF

CI OCALA LLC

This is to certify that CI OCALA LLC is registered in this office as a New Hampshire Limited Liability Company to transact business in New Hampshire on 10/17/2017 1:03:00 PM.

Business ID: 780825



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of October A.D. 2017

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State