# MBOOOSZO

(1	Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
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D. SCOTT JAN 9 2018





## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2017

ROBERT GOODYEAR 100 CORPORATE WOODS, SUITE 220 ROCHESTER, NY 14623

SUBJECT: ELITE ALLIANCE HOSPITALITY, LLC

Ref. Number: W17000098799

We have received your document for ELITE ALLIANCE HOSPITALITY, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 917A00025278

RECEIVED
JAN - 9 2018

www.sunbiz.org

### COVER LETTER

Registration Section Division of Corporations

TO:

CHD IVOT.	Elite Alliance Hospi	tality, LLC							
SUBJECT:		Name of Limited Liability Company							
The enclosed Existence, ar	1 "Application by For id check are submitted	eign Limited Liability Comp d to register the above refere	nany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," Ce y company to transact business	rtificate of in Florida.			
Please return	all correspondence c	oncerning this matter to the	following:						
	Robert Goodye	ar							
	<del></del>	N:	ame of Person						
	Elite Alliance I	fospitality, LLC							
	Firm/Company								
	100 Corporate Woods, Suite 220								
	<del></del>		Address	-					
	Rochester, NY	14623							
	· · ·	City/S	tate and Zip Code						
	rgoodyear@clite	alliacne.com							
		E-mail address: (to be used	d for future annual	report not	ification)				
For further in	nformation concernin	g this matter, please call:							
Ro	bert Goodyear		214 at (	393.28	42				
	Name o	of Contact Person	Area Code	Day	time Telephone Number				
Div Reg P.C Tal	vision of Corporations gistration Section  D. Box 6327 Ialiassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations	FILED			
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	S160.00 Filing Fee, Certified Status & Certified Copy	ficate			

## 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. Elite Alliance Hospitali (Name of Foreign	ty, LLC Limited Liability Company; must include "Limited	d Liabilit	y Company," "LL.C.," or "LLC.	")	
(If name upavailable, enter alternate the	ame adopted for the purpose of transacting business in Flor	rida. The a	Itemate name must include "Limited L	iability Company," "L.L.C," or "LLC.")	
2. Texas			48-1307660		
(Jurisdiction under the law of which foreign limited liability company is organized)		٥.	(FEI nur	mber, if applicable)	
4				<u>.</u>	
<del></del>	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ne penalty	liability)		
5. 100 Corporate Woods, Suite 220		6.	100 Corporate Woods, St	uite 220	
(Street Address of Principal Office) Rochester, NY 14623			Rochester, NY 14623	amess	
Tobulater, 1.1.1.925					
7. Name and street address Name:	s of Florida registered agent: (P.O. Box Capitol Corporate Service, Inc.	NOT	acceptable)		
Office Address:	155 Office Plaza Drive, Suite A				
	Tallahassee		, Florida 32301 (Zip o		
Registered agent's accep	(City)		(Zip o	code)	
and accept the obligation.  8. The name, title or cap:	ions of all statutes relative to the proper s of my position as registered agent.  (Registered agent's acity and address of the person(s) who have	signature) as/have	Holly Jones Assistant Vice Pres	sident	
Title or Capacity:	Name and Address: Robert Goodycar		me or Capacity.	Mante and Address.	
Manager	100 Corporate Woods 220 Rochester, NY 14623			2018 JAN - 9 III	
(Use attachments if neces	sary)				
). Attached is a certificate urisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	duly au te is in :	thenticated by the official a foreign language, a transl	having custody of records in the lation of the certificate under oath	
	outed in accordance with section 605.020 the Department of State constitutes a the	ird deg	ree felony as provided for i	-	
	y ignature	of an auth	orized person		
	Robert Goodyear				

Typed or printed name of signee



## Office of the Secretary of State

### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Elite Alliance Hospitality, LLC (file number 801186019), a Domestic Limited Liability Company (LLC), was filed in this office on October 23, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 07, 2017.





Rolando B. Pablos Secretary of State