

M18000003922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

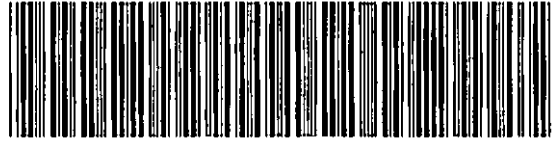
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/17/18--01026--014 \*\*130.00

18 APR 20 PM 4:49  
J. I. EGGETT  
APR 24 2018

J. I. EGGETT  
APR 24 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2018

ROBERT F GODARD  
3930 EAST JONES BRIDGE RD, STE 250  
PEACHTREE CORNERS, GA 30092 US

SUBJECT: NICEVILLE HOTEL, LLC  
Ref. Number: W18000036868

We have received your document for NICEVILLE HOTEL, LLC and your check(s) totaling \$130.00. 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 the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 618A00007920

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Niceville 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:

Robert F Godard  
Name of Person

Compass Fund Partners, LLC  
Firm/Company

3930 East Jones Bridge Road, Suite 250  
Address

Peachtree Corners, Georgia 30092  
City/State and Zip Code

bgodard@compassre.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew B. Norton, Esq. at (404) 431-3832  
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:

- |                                              |                                                                                 |                                                               |                                                                                      |
|----------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. Niceville 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. Georgin 3. 82-3010174  
(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. 3930 East Jones Bridge Road, Suite 250 6. 3930 East Jones Bridge Road, Suite 250  
(Street Address of Principal Office) (Mailing Address)  
Peachtree Corners, Georgia 30092 Peachtree Corners, Georgia 30092

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

Name: Christopher Y. Mills

Office Address: 350 East Las Olas Boulevard, Suite 1110

Fort Lauderdale, Florida 33301  
(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.

Christopher Mills  
(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>
Manager	Robert F Godard 3930 East Jones Bridge Road Suite 250 Peachtree Corner, GA 30092		

(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.

Robert F Godard  
Signature of an authorized person

Robert F Godard  
Typed or printed name of signer

# 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

**Niceville Hotel, 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.

RECEIVED  
2018 APR 20 PM 1:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
TALLAHASSEE, FL

Docket Number : 15733460  
Date Inc/Auth/Filed: 10/04/2017  
Jurisdiction : Georgia  
Print Date : 04/09/2018  
Form Number : 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

*jl*