

MI8000004708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

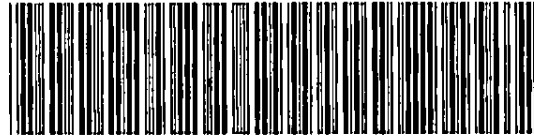
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Certified Copies _____

Certificates of Status _____

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18 MAY 15 AM 11:18

165
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KPPB LAW

ONE LAKESIDE COMMONS, SUITE 800
990 HAMMOND DRIVE
ATLANTA, GEORGIA 30328
678.443.2220 phone | www.kppblaw.com | 678.443.2230 fax
ATLANTA, GA | HOUSTON, TX | NORTHERN VA

May 10, 2018

Florida Department of State
Corporations Division
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Foreign Application Filing of HARE KRISHNA JACKSONVILLE HOTEL LLC

Dear Clerk:

Enclosed, please find our firm's check in the amount of \$160.00 for the filing, certified copy and certificate of status fee for the Application by a Foreign limited liability company for Authorization to Transact Business in Florida for Hare Krishna Jacksonville Hotel LLC. Also enclosed is the Certificates of Good Standing from Delaware for Hare Krishna Jacksonville Hotel LLC.

Please provide the certified copy of the Authorization and Certificate of Status for Hare Krishna Jacksonville Hotel LLC, in the enclosed pre-addressed and prepaid [reusable] Federal Express envelope.

If you have any questions, please feel free to contact me at 770.624.4639 or mlopez@kppblaw.com. Thank you.

Sincerely,

Maíta C. Lopez
Legal Assistant

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARE KRISHNA JACKSONVILLE 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:

MAITA LOPEZ

Name of Person

KPPB LAW

Firm/Company

ONE LAKESIDE COMMONS, 990 HAMMOND DRIVE, SUITE 800

Address

ATLANTA, GEORGIA 30328

City/State and Zip Code

MLOPEZ@KPPBLAW.COM

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

For further information concerning this matter, please call:

MAITA LOPEZ

770 624-4639
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. HARE KRISHNA JACKSONVILLE 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. DELAWARE 3. 82-5246371
(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. 8285 PHILLIPS HIGHWAY 6. 285 COUNTRY CLUB DRIVE, SUITE 200
(Street Address of Principal Office) (Mailing Address)
JACKSONVILLE, FL 32256 STOCKBRIDGE, GA 30281

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

Name: COGENCY GLOBAL INC.
Office Address: 115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA
10 MAY 15 AM 11:18

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.

Cogency Global Inc. E. Blanton ASSISTANT SECRETARY
(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>MGR</u>	<u>SUBHASH PATEL</u>	_____	_____
_____	<u>285 Country Club Dr Ste 200</u>	_____	_____
_____	<u>Stockbridge, GA 30281</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.

Subhash Patel
Signature of an authorized person

Subhash Patel
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HARE KRISHNA JACKSONVILLE HOTEL LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2018.



6790179 8300

SR# 20181809370

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202288841

Date: 03-09-18