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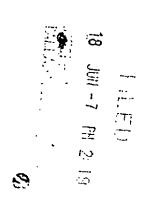
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O SIMMONS
JUN I I 2018



May 22, 2018

ANN KELLY 5225 E PICKARD MT PLEASANT, MI 48858

SUBJECT: FORT MYERS HOSPITALITY GROUP LLC

Ref. Number: W18000048704

We have received your document for FORT MYERS HOSPITALITY GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Letter Number: 118A00010652

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

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COVER LETTER

TO:		ation Section n of Corporation	s				
SUBJEC		rt Myers Hospital	ity Group LLC				
SUBJE	C1:		Name of	Limited Liability (Company		
						nsact Business in Florida," Certificate c company to transact business in Florid	
Please re	eturn all	correspondence c	oncerning this matter to the	following:			
		Ann Kelly					
			N	ame of Person			
		Lodgeo Manage	ement LLC				
-			F	irm/Company			
		5225 E. Pickaro	I				
	•			Address			
		Mt. Pleasant, M	11 48858				
			City/S	State and Zip Code	-		
		rlook@lodgco.ne	1				
			E-mail address: (to be use	d for future annual	report not	ification)	
For furth	her infor	mation concerning	g this matter, please call:				
	Randy	Look		989 at (773-240	00	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division of Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed		eck for the follow 5.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

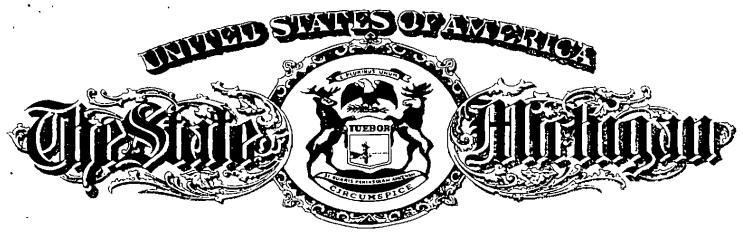
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Group LLC Limited Liability Company; must include "Limite	d Liability Company," "I, I, C ," or "LLC,")
	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Lumited Lic	ability Company," "L.I. C," or "LI C,")
2. Michigan		3. 82-4035407	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	(FEI num	ber, if applicable)
4. 5/15/2018			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ine penalty liability)	
5 5225 E. Pickard		6. 5225 E. Pickard	
(Street Address of I	encipal Office)	(Mailing Add	iress)
Mt. Pleasant, MI 48858	•	Mt. Pleasant, MI 48858	- 60
			
7 Name and street address	s of Florida societared agents (D.O. Day	NOT	
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Ann Kelly		
	227 Albee Rd. W.		1 N 2 1
Office Address:	227 Albee Rd. W.		· • • • • • • • • • • • • • • • • • • •
	Nokomis	, Florida 34275	•
	(City)	. FIGHTER	le)
designated in this applica to comply with the provisi	tion, I hereby accept the appointment a ons of all statutes relative to the proper	process for the above stated limited s registered agent and agree to act and complete performance of my	in this capacity. I further agi
designated in this applica to comply with the provisi	tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act and complete performance of my	in this capacity. I further agr
designated in this applica to comply with the provisi	tion, I hereby accept the appointment a ons of all statutes relative to the proper	s registered agent and agree to act and complete performance of my	in this capacity. I further agr
designated in this applica to comply with the provisi and accept the obligation: 8. The name, title or capa	tion, I hereby accept the appointment a cons of all statutes relative to the proper s of my position as registered agent. (Registered agent's active and address of the person(s) who have	s registered agent and agree to act and complete performance of my highature) highature) as/have authority to manage is/are:	in this capacity. I further agr duties, and I am familiar with
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designated in this applicate comply with the provisional accept the obligations. 8. The name, title or capa Title or Capacity: Manager Manager (Use attachments if necessory). Attached is a certificate jurisdiction under the law of the translator must be sufficiently.	ition, I hereby accept the appointment a cons of all statutes relative to the proper is of my position as registered agent. (Registered agent's active and address of the person(s) who have the person of the pers	duly authenticated by the official has in a foreign language, a translat	Name and Address: aving custody of records in the tion of the certificate under oath
8. The name, title or capa Title or Capacity: Manager Manager Output Manager Manager Manager Manager Manager Manager Manager Output Manager Manager Manager	rion, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent. (Registered agent's accity and address of the person(s) who have a constant of the person o	duly authenticated by the official has is in a foreign language, a translated by the official has been a foreign language, a translated by the official has been a foreign language.	Name and Address: Name and Address: aving custody of records in the tion of the certificate under oather that any false information
8. The name, title or capa Title or Capacity: Manager Manager Output Manager Manager Manager Manager Manager Manager Manager Output Manager Manager Manager	ition, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent. (Registered agent's active and address of the person(s) who have and Address: Michael Martin 5225 E. Pickard Mt. Pleasant, MI 48858 Ann Kelly 227 Albee Rd. W. Nokomis, FL 34275 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate the importance of State) constitutes a the description of State constitutes a the constitutes at the constitutes at the constitution of State constitutes at the constitution of State constitutions at the constitution of State cons	duly authenticated by the official has is in a foreign language, a translated by the official has been a foreign language, a translated by the official has been a foreign language.	Name and Address: Name and Address: aving custody of records in the tion of the certificate under oather that any false information

Typed or printed name of signee

Ann Kelly



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

FORT MYERS HOSPITALITY GROUP LLC

was validly authorized on January 12, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of May, 2018.

Certificate Number: 18054959230