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Division of Corporations

Florida Department of State
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To:

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From:

Account Name : INCORPORATING SERVICES FL
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Foreign Limited Liability Company
ESSEX HOTEL MANAGEMENT, LLC

Certificate of Status	0
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**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. ESSEX HOTEL MANAGEMENT, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0182112

(FBI 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. Essex Hotel Management, LLC

(Direct Address of Principal Office)

1250 Scottsville Road - Suite 20Rochester, NY 14624-57576. Essex Hotel Management, LLC

(Mailing Address)

1250 Scottsville Road - Suite 20Rochester, NY 14624-57577. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Incorporating Services, Ltd.Office Address: 1540 Glenway DriveTallahassee

(City)

, Florida 32301

(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.

John Mba 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:

Title or Capacity:Name and Address:Title or Capacity:Name and Address:Hotel ControllerJonathan R. ClarkCEOJerald P. Eichelberger1250 Scottsville Road, Ste 20
Rochester, NY 14624-57571250 Scottsville Road, Ste 20
Rochester, NY 14624-5757PresidentBarbara J. Purvis1250 Scottsville Road, Ste 20
Rochester, NY 14624-5757

(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.

Jonathan R. Clark
(Signature of an authorized person)

Jonathan R. Clark

Typed or printed name of signer

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**State of New York
Department of State } ss:**

I hereby certify, that EPM MANAGEMENT SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment EPM MANAGEMENT SERVICES, LLC, changing its name to ESSEX HOTEL MANAGEMENT, LLC, was filed 05/20/2010.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of October
two thousand and eighteen.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

18 OCT 15 AM 10:00
TALLAHASSEE, FLORIDA