

# N 200000004633

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

## Foreign Limited Liability Company ACCESS HOTEL MANAGEMENT LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

45

**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. Access Hotel Management 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

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

3. \_\_\_\_\_

(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. 215 Celebration Pl

(Street Address of Principal Office)

6. \_\_\_\_\_

(Mailing Address)

Suite 115

Celebration, FL 34747

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 E Park Avenue Floor 2

Tallahassee

(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.*

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.

(Registered agent's signature)

FILED  
2020 MAY 20 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Mark Lahood</u>	<input type="checkbox"/> Manager	Name: <u>Barry Caplan</u>
<input type="checkbox"/> Member	Address: <u>215 Celebration Pl</u>	<input type="checkbox"/> Member	Address: <u>215 Celebration Pl</u>
<input type="checkbox"/> Authorized	<u>Suite 115</u>	<input type="checkbox"/> Authorized	<u>Suite 115</u>
Person	<u>Celebration, FL 34747</u>	Person	<u>Celebration, FL 34747</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Tom Baker</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>215 Celebration Pl</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 115</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Celebration, FL 34747</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

/s/ Cathy Brand

\_\_\_\_\_  
Signature of an authorized person

Cathy Brand

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCESS HOTEL MANAGEMENT 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 TWENTIETH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCESS HOTEL MANAGEMENT LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED  
2020 MAY 20 PM 1:14  
STATE OF DELAWARE  
JAN 14 2020



*Handwritten signature of Jeffrey W. Bullock*  
\_\_\_\_\_  
Jeffrey W. Bullock, Secretary of State

4119220 8300

SR# 20204218489

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202960223

Date: 05-20-20