

6/10/2020

Division of Corporations

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Aimbridge Receiver Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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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. Aimbridge Receiver Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-2242978
(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. 5851 LEGACY CIRCLE SUITE 400
(Street Address of Principal Office)
6. 5851 LEGACY CIRCLE SUITE 400
(Mailing Address)
- PLANO, TX 75024
- PLANO, TX 75024

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: C T Corporation System
(Registered agent's signature)

Kimberly Bowens, Asst. Secretary

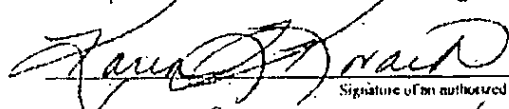
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Elie Khoury</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kevin Detz</u>
<input type="checkbox"/> Member	Address: <u>5851 Legacy Circle, Suite 400</u>	<input type="checkbox"/> Member	Address: <u>5851 Legacy Circle, Suite 400</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input checked="" type="checkbox"/> Other <u>Treasurer</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Gregory Moundas</u>	<input type="checkbox"/> Manager	Name: <u>Mike Sweeney</u>
<input type="checkbox"/> Member	Address: <u>5851 Legacy Circle, Suite 400</u>	<input type="checkbox"/> Member	Address: <u>5851 Legacy Circle, Suite 400</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Karen Kovach</u>	<input type="checkbox"/> Manager	Name: <u>Robert Smith</u>
<input type="checkbox"/> Member	Address: <u>5851 Legacy Circle, Suite 400</u>	<input type="checkbox"/> Member	Address: <u>5851 Legacy Circle, Suite 400</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>	<input type="checkbox"/> Authorized	<u>Plano, TX 75024</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<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.



 Signature of an authorized person
Vice President Karen L. Kovach

 Typed or printed name of signer

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughes
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Aimbridge Receiver Services LLC (file number 801248932), a Domestic Limited Liability Company (LLC), was filed in this office on March 29, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 05, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughes".

Ruth R. Hughes
Secretary of State