

Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : BARKER WILLIAMS, PLLC
 Account Number : I20170000030
 Phone : (850)308-7033
 Fax Number : (850)308-7115

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

Email Address: gkoester@hismtm.com

**Foreign Limited Liability Company
 Hospitality Investment Services, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2022 JUL 28 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 AND
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2022 JUL 28 AM 11:26

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JUL 28 2022

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospitality Investment Services, 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.

Farrar J. Barker

Name of Person

Barker Williams, PLLC

Firm/Company

60 Clayton Lane

Address

Santa Rosa Beach, Florida 32459

City/State and Zip Code

gkoester@hisntm.com

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

For further information concerning this matter, please call.

Farrar J. Barker

850

308-7033

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. Hospitality Investment Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP."

2. Tennessee 34-2057775
(Jurisdiction under the law of which foreign limited liability company is organized) (FEC 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. 499 E. Winchester Boulevard 499 E. Winchester Boulevard
(Street Address of Principal Office) (Mailing Address)

Suite 102 Suite 102
Collierville, TN 38017 Collierville, TN 38017

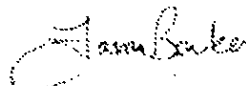
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Barker Williams, PLLC
Office Address: 60 Clayton Lane
Santa Rosa Beach, Florida 32459
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

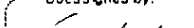

(Registered agent's signature)

<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>Gary Roester</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address. <u>499 Winchester Boulevard</u>	<input type="checkbox"/> Member	Address. _____
<input type="checkbox"/> Authorized	<u>Suite 102</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Collierville, TN 38017</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name <u>Timothy S. Rice</u>	<input type="checkbox"/> Manager	Name. _____
<input checked="" type="checkbox"/> Member	Address. <u>210 Kimberly Avenue</u>	<input type="checkbox"/> Member	Address. _____
<input type="checkbox"/> Authorized	<u>Asheville, North Carolina 28804</u>	<input type="checkbox"/> Authorized	_____
Person _____		Person _____	
<input type="checkbox"/> Other _____	<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 _____

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).

DocuSigned by:

.....5E0F:6B1F:1647D.....
Signature of an authorized person.

Gary Koester, Chief Manager

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BARKER WILLIAMS PLLC
FARRAR J. BARKER
60 CLAYTON LANE
SANTA ROSA BEACH, FL 32459

July 18, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0485533

Issuance Date: 07/18/2022
Copies Requested: 1

Document Receipt

Receipt #: 007384261 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3832790036 \$20.00

Regarding: HOSPITALITY INVESTMENT SERVICES, LLC

Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 10/17/2005
Status: Active
Duration Term: Perpetual
Business County: SHELBY COUNTY

Control #: 504534
Date Formed: 10/17/2005
Formation Locale: TENNESSEE
Inactive Date

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

HOSPITALITY INVESTMENT SERVICES, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cort Web User

Verification #: 054919024