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JOHN E. NORRIS FREDERICK L. KOBERLEIN* EDDIE M. ANDERSON GUY W. NORRIS

TEL: (904) 752-7240 FAX: (904) 752-1577 *CERTIFIED CIRCUIT COURT MEDIATOR

December 23, 1997

VIA FEDERAL EXPRESS Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

300002382653--7 -12/24/97--01078--003 ****570.00 ****570.00 00. *386*

Jacksonville Airport Hotels III, LLC

Jacksonville Airport Hotels III, LLC

300002382653---12/24/97--01078--004

Gentlepersons:

****105.00 *****52.50

Enclosed for filing are the following:

- Original and one copy of Application by Foreign Limited 1. Liability Company for Authorization to Transact Business in Florida for Jacksonville Airport Hotels II, LLC
- Certificate of Designation of Registered Agent/Registered 2. Office for Jacksonville Airport Hotels II, LLC
- Original and one copy of Application by Foreign Limited 3. Liability Company for Authorization to Transact Business in Florida for Jacksonville Airport Hotels III, LLC

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Name 12/08 Certificate of Designation of Register	red Agent/Registered
Name (Signature Availability Co. Office for Jacksonville Airport Hote	TR TIT' TIPE
	The same and the s
Please note that an original Certificate	of Existence issued'
Cocumenby the Mississippi Secretary of State is	attached to the
Examiner Applications for Authority to Transact Busines	s. 99 5
200	किली रु
Updater Also enclosed is Campbell, DeLong, Hagwoo	
the amount of \$570.00 which represents \$250.00	filing fee for each
What's limited liability company and \$35.00 for early	ach Cartificate of
Verifyer Designation of Registered Agent/Registered Office	ce, along with this
firm's check in the amount of \$105.00 which re	presents \$52.50 for 3500
Actno a certified copy for each Application.	R. ACCRIT FEE
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W. P. Verifyer DCC	
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Division of Corporations December 23, 1997 Page 2

We would appreciate your immediate filing of these documents and returning the certified copies to this office.

If you have any questions, please do not hesitate to call me.

Thank you for your courtesies and best wishes for a happy holiday season.

Sincerely yours,

Jøkn E. Norri:

JEN:dac

Enclosures

cc w/o encls.: Mr. Robert N. Warrington

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Jacksonville Airport Hotel	s 11, LLC		
(Name so cont	of foreign limited liability company ained in the name at present.)	must end with the w	ords "limited company" or their al	obreviation "L.C." if not
2. n	(ississippi	3.	64-0887076	
(Jurisdi	ilssissippi ction under the law of which foreign y is organized)	limited liability	64-0887076 (FEI number, if ap	plicable)
4. 1	(Date of Organization)	5.	Perpetual	
•			exist or "perpetual")	ompany will cease to
6.	December 15, 1997			
	(Date first transacted busines	s in Florida. (See se	ctions 608.501, 608.502, and 817.1	155, F.S.)
7				
7	1000 Red Fern Place		<i>-</i> -	=======================================
	Flowood, MS 38208			
	F10W000d, MS 38208	(Street address of pr	rincipal office)	
T *		- 6 1	- manhar DACDA (La mana)	2 7
	me, title, and business address	or each managin	g memberi Mitik Mitor manag	SPEINICER ISSUED I'I
11				
will ma	anage the foreign limited liabili			
will ma				
will ma	anage the foreign limited liabili	ty company in F	lorida: (attach additional pag	e if necessary)
will ma	nnage the foreign limited liabili	ty company in F	lorida: (attach additional pag	e if necessary)
will ma	nage the foreign limited liabili NAME & ADDRESS: Mike P. Sturdivant	ty company in F TITLE: Manager	lorida: (attach additional pag	e if necessary) TITEE:
will ma	nage the foreign limited liabili NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230	ty company in F TITLE: Manager	lorida: (attach additional pag	e if necessary) TITEE:
will ma	NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928	ty company in F TITLE: Manager Manager	lorida: (attach additional pag	e if necessary) TITEE:
will ma	nage the foreign limited liabili NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928 Gaines P. Sturdivant	ty company in F TITLE: Manager Manager	lorida: (attach additional pag	e if necessary) TITEE:
will ma	nage the foreign limited liabili NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928 Gaines P. Sturdivant 1000 Red Fern Place	ty company in F TITLE: Manager Manager	lorida: (attach additional pag	e if necessary) TITEE:
will ma	nage the foreign limited liabili NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928 Gaines P. Sturdivant 1000 Red Fern Place Flowood, MS 38208	ty company in F TITLE: Manager Manager	lorida: (attach additional pag	e if necessary) TITEE:

8

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of <u>Jackson</u>	ville	
Airport Hotels II, LLC certifies:		
1) the above named limited liability company has at least two members;		
2) the total amount of cash contributed by the member(s) is	\$ <u>535,0</u> 0	00.00;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	s \$ <u> </u>	;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 535,00	
(a man o o o o o o o o o o o o o o o o o o o	97 DEC SECRETA SALVELS	T
Miles D. Hunder	21 PH	
Signature of a member or an authorized representative of a member of an authorized representative of a member of an accordance with section 608.408(3), Florida Statutes, the execution of the affidavit constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)	iember. ♡	
Mike P. Sturdivant		
Typed or printed name of ignee		

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
2. The name and the Florida street address of the registered agent and office	e are:
John E. Norris, Esq.	
(Name)	
201 N. Marion Street, Suite 301 Florida street address (P.O. Box NOT ACCEPTABLE)	PEC 24
Piolida succe address (1.0. Dox 1001 Accel Pable)	ino I
Lake City, FL 32055	
City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Filing Fee: \$35 for Designation of Registered Agent

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

JACKSONVILLE AIRPORT HOTELS II, LLC Formed November 25,1997

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

923 WASHINGTON AVE PO BOX 1856 GREENVILLE MS 38702-1856

and that the registered agent at that address is:

ROBERT N WARRINGTON

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

> Given under my hand and seal of office November 25,1997

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ERIC CLARK, Secretary of State