M98000000003 Aorris, Koberlein & Anderson, D.S.

ATTORNEYS AT LAW
CNB NATIONAL BANK BUILDING
201 N. MARION STREET - SUITE 301
P.D. DRAWER 2349
LAKE CITY, FL 32056-2349

JOHN E. NORRIS FREDERICK L. KOBERLEIN* EDDIE M. ANDERSON GUY W. NORRIS TEL: (904) 752-7240

FAX: (904) 752-1577

*CERTIFIED GIRCUIT COURT MEDIATOR

December 23, 1997

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

000002394550--4 ---12/24/97--01078--003 *****570.00 *****285.00

000002394550--4 -12/24/97--01078--004 ****105.00 ******52.50

RE: Jacksonville Airport Hotels II, LLC and Jacksonville Airport Hotels III, LLC

Gentlepersons:

Enclosed for filing are the following:

M980000000003

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

| ertificate of Designation of Registered Agent/Registered |
|---|
| fice for Jacksonville Airport Hotels III IIC |
| note that an original Certificate of Existence issued sissippi Secretary of State is attached to the |
| sissippi Secretary of State is attached to the |
| for Authority to Transact Business. |
| closed is Campbell, DeLong, Hagwood & Wade's check in |
| f \$570.00 which represents \$250.00 filing fee for each bility company and \$35.00 for each Certificate of |
| of Registered Agent/Registered Office & Afanca with this way |
| in the amount of \$105.00 which represents \$52.50 for copy for each Application. |
| C. C. 7 53.50 |
| |
| N. DARK |
| BALANCE DUE |
| 9 |

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,

Jørn E. Norris

JEN:dac Enclosures

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

97 DEC 24 PM I2: 20
SECRETAL SECRETARES FOR STATE

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:

| Jacksonville Airport Hotel (Name of foreign limited liability compar so contained in the name at present.) | ls III, LLC ny must end with the | words "limited | company" or their | abbreviation "L | .C." if not |
|--|--|------------------------|--|-----------------|-------------|
| 2. Mississippi (Jurisdiction under the law of which foreign company is organized) | gn limited liability | 64-08 | 87443 (FEI number, if a | applicable) | |
| 4. December 2, 1997 (Date of Organization) | 5. | Perpetu (Duration: Yes | er limited liability | company will ce | ease to |
| 5. <u>December 15, 1997</u> (Date first transacted busin | ess in Florida. (See s | | • | | · = |
| Flowood, MS 38208 | | | | DEC 24 | <u> </u> |
| List name, title, and business address | s of each manaoir | 1¢ memherΩ/ | GRMI or mone | CONTACTO T | |
| List name, title, and business address will manage the foreign limited liabi | lity company in F | Florida: (attac | h additional pag | ge if necessary | y) |
| List name, title, and business address will manage the foreign limited liabi NAME & ADDRESS: Mike P. Sturdivant | s of each managir lity company in F TITLE: | Florida: (attac | GRM] or mana hadditional page ADDRESS: | ge if necessary | y) |
| NAME & ADDRESS: | Ity company in F | Florida: (attac | h additional pag | ge if necessary | y) |
| NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928 Gaines P. Sturdivant | Ity company in F | Florida: (attac | h additional pag | ge if necessary | y) |
| NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928 Gaines P. Sturdivant 1000 Red Fern Place Flowood, MS 38208 | Ilty company in F TITLE: Manager | Florida: (attac | h additional pag | ge if necessary | y) |
| NAME & ADDRESS: Mike P. Sturdivant P. O. Box 230 Glendora, MS 38928 Gaines P. Sturdivant 1000 Red Fern Place | Ilty company in F TITLE: Manager | Florida: (attac | h additional pag | ge if necessary | y) |

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 Jacksonvi | ille |
|---|---|
| Airport Hotels III, LLCcertifies: | |
| 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>499,998.33</u> ; |
| 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 4) the total amount of cash and property contributed and anticipated to be contribute by member(s) is (This total includes amounts from 2 and 3 above.) | 97 98 31 LED SEC199 74 PM SEC199 74 PM SEC19 |
| Whe A Sturdward | IZ: 20 |
| Signature of a member or an authorized representative of a member of 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 this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | • |
| Mike P. Sturdivant Typed or printed name of signee | |

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: | | | |
|--|-----------------|----|---|
| Jacksonville Airport Hotels III, LLC | | _ | |
| 2. The name and the Florida street address of the registered agent and office are: | | | |
| John E. Norris, Esq. | 97 SE TAL | | |
| (Name) | | TI | |
| 201 N. Marion Street, Suite 301 | 24 - Mario | F | - |
| Florida street address (P.O. Box NOT ACCEPTABLE) | FLOA FLOA | U | |
| Lake City FL 32055 City/State/Zip | : 20 | | |
| 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 III, LLC Formed December 02,1997

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 De 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 December 02,1997

STATE OF STATE OF STATE OF MISS

ERIC CLARK, Secretary of State