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Update Verif ker

Norris, Koberlain & Anderson, D.A. AND MARIEMAL LANK BULLING DIAL PRAWER 2349 LAKE CITY, FL 32056-2349

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

February 24, 1998

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

Gentlepersons:

Enclosed for filing are the following:

Original and one copy of Application by Foreign Corporation for Authorization to Transact Business in Florida for Tallahassee Cabot Lodge, Inc., including Certificate of Existence/Authority from the Mississippi Secretary of State, together with this firm's check in the amount of \$122.50 which represents \$35.00 for the filing fee, \$35.00 for the designation of and acceptance by Registered Agent, and \$52.50 for the certified copy

RECEIVED
38 FEB 25 AM 9: 12
NISION OF CORPORATIONS.

Original and one copy of Application by Foreign Corporation for Authorization to Transact Business in Florida for Gainesville Cabot Lodge, Inc., including Certificate of Existence/Authority from the Mississippi Secretary of State, together with this firm's check in the amount of \$122.50 which represents \$35.00 for the filing fee, \$35.00 for the designation of and acceptance by Registered Agent, and \$52.50 for the certified Copy

Original and one copy of Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Gainesville Cabot Lodge, LLC, including a Certificate of Existence from the Tennessee Secretary of State, and Certificate of Designation of Registered Agent/Registered Office, together with this firm's check in the amount of \$337.50 which represents \$250.00 for the filing fee, \$35.00 for the Certificate of Designation of Registered Agent/Registered Office, and \$52.50 for the certified copy

FILED

Florida Department of State February 24, 1998 Page 2

- 4. Original and one copy of Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Tallahassee Cabot Lodge, LLC, including a Certificate of Existence from the Tennessee Secretary of State, and Certificate of Designation of Registered Agent/Registered Office, together with this firm's check in the amount of \$337.50 which represents \$250.00 for the filing fee, \$35.00 for the Certificate of Designation of Registered Agent/Registered Office, and \$52.50 for the certified copy
- 5. Original and two copies of Articles of Amendment to Articles of Incorporation of Inn of Jacksonville-Airport, Inc., together with this firm's check in the amount of \$140.00 which represents \$35.00 for the filing fee and 105.00 for two certified copies

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.

Sincerely yours,

John E. Norris

JEN:dac Enclosures

cc w/o encls.: Mr. Robert N. Warrington
Mr. Gaines P. Sturdivant

98 FED 25 PM 4: 30 SEGNATION OF 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:

Name of	11ahassee Cabot Lodge, LL foreign limited liability company n ned in the name at present.)	nust end with the	words "limited company" or their ab	breviation "L.C." if no
(Jurisdicti	essee on under the law of which foreign l is organized)	limited liability	64-07.00606 (FEI number, if app	
	-18-98 (Date of Organization)	5.	/2-3/- 2034 (Duration: Year limited liability contexts or "perpetual")	mpany will cease to
2	2-23-98 (Date first transacted business	s in Florida. (See s	ections 608.501, 608.502, and 817.1	55, F.S.)
1000	Red Fern Place			
Flow	rood, MS 39208	(Street address of	nringinal office)	
List nan	ne, title, and business address nage the foreign limited liabili	of each managi	ng member[MGRM] or manag Florida: (attach additional page	er[MGR]who if necessary)
List nam will mar	ne, title, and business address nage the foreign limited liabili NAME & ADDRESS:	of each managi ty company in TITLE:	ng member[MGRM] or manag Florida: (attach additional page NAME & ADDRESS:	er[MGR]who if necessary) TITLE:
List nan will mar	nage the foreign limited liabili	ty company in	Florida: (attach additional page	e ir necessary)
List nan will mar	nage the foreign limited liabili	ty company in	Florida: (attach additional page	TITLE:
List nan will mar	nage the foreign limited liabili NAME & ADDRESS: Mike P. Sturdivant	ty company in	Florida: (attach additional page NAME & ADDRESS: Earle F. Jones	TITLE:
List nan will mar	nage the foreign limited liabili NAME & ADDRESS: Mike P. Sturdivant Due West Road	TITLE: MGR	Florida: (attach additional page NAME & ADDRESS: Earle F. Jones 1000 Red Fern Place	TITLE: MGR. SECOND
List nan will mar	NAME & ADDRESS: Mike P. Sturdivant Due West Road Glendora, MS 38928	TITLE: MGR	Florida: (attach additional page NAME & ADDRESS: Earle F. Jones 1000 Red Fern Place	TITLE: MGR SECOND SEC
List nan will mar	NAME & ADDRESS: Mike P. Sturdivant Due West Road Glendora, MS 38928 Gaines P. Sturdivant	TITLE: MGR	Florida: (attach additional page NAME & ADDRESS: Earle F. Jones 1000 Red Fern Place	TITLE: MGR 98 FEB 21
List nan will mar	NAME & ADDRESS: Mike P. Sturdivant Due West Road Glendora, MS 38928 Gaines P. Sturdivant 1000 Red Fern Place	TITLE: MGR	Florida: (attach additional page NAME & ADDRESS: Earle F. Jones 1000 Red Fern Place	TITLE: MGR 98 FEB 21 PM

^{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 eath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a r	nember o <u>f Tallahassee</u>
Cabot Lodge, LLC certi	fies:
1) the above named limited liability company has at least tw	vo members;
2) the total amount of cash contributed by the member(s) is	\$ 200,000,00
3) if any, the agreed value of property other than cash contr (A description of the property is attached and made a par and	ibuted by member(s) is \$o; t hereto.)
4) the total amount of cash and property contributed and an by member(s) is (This total includes amounts from 2 and 3 above.)	ticipated to be contributed \$\frac{200,000,00}{200,000}
axees P. Stenderan	Transcentative of a member.
Signature of a member or an authorized (In accordance with section 608.408(3), Florida S affidavit constitutes an affirmation under the penastated herein are true.)	Statutes, the execution of this
Gaines P. Sturdivant	
Typed or printed na	me osignee

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.

liability company at the place designated in this certificate, I hereby accept the appointment as registere 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	1. The name of	f the Limited Liability Compar	ny is:				
John E. Norris (Name) 201 N. Marion St., Suite 301 Florida street address (P.O. Box NOT ACCEPTABLE) 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	Tallaha	ssee Cabot Lodge, LLC					_
(Name) 201 N. Marion St., Suite 301 Florida street address (P.O. Box NOT ACCEPTABLE) 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 registere 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	2. The name a	nd the Florida street address of	the register	red agent a	nd office are:	:	
The street address (P.O. Box NOT ACCEPTABLE) 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 registere 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		John E. Norris					
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 registere 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			(Name)				
Lake City FL 32055				OT ACCEPTA	91 E)		
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 registere 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		1 fortal succe address	, (1 .0. Dox <u>111</u>	<u>OI</u> ACCELIA	,,,,		
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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	_	- -	-				ađ
obligations of my position as registered agent.	agent and agree	e to act in this capacity. I further	agree to con	nply with th	e provisions o	of all statutes	su
	obligations of n	roper and complete perjormance sy position as registered agent.	oj my auties	s, unu 1 um j	ammar wim t		
			**				7
						in T	ED
(Signature)	John ?	(Signature)	· · · · ·		·	#: 30 1/15 1/15 1/15 1/15 1/15 1/15 1/15 1/1	

Filing Fee: \$ 35 for Designation of Registered Agent

Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 02/20/1998 REQUEST NUMBER: 3458-0428B TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 02/18/1998 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0346188 JURISDICTION: TENNESSEE

TO: CAMPBELL DELONG HAGWOOD & WADE LLP ROBERT N WARRINGTON 923 WASHINGTON AVE GREENVILLE, MS 38702-1856

REQUESTED BY: CAMPBELL DELONG HAGWOOD & WADE LLP ROBERT N WARRINGTON 923 WASHINGTON AVE GREENVILLE, MS 38702-1856

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"TALLAHASSEE CABOT LODGE, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE:

FROM:

RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$0.00

RECEIPT NUMBER: ACCOUNT NUMBER:



RILEY C. DARNELL SECRETARY OF STATE