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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
98 FEB 25 AN 9: 12
Wision of Corporation

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

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

SECRET OF STAIR

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:

see	3	C/ 0710010	
under the law of which foreign lin organized)	mited liability	. <u>64-0719810</u> (FEI number, if app	licable)
18-98	5	12-31-2036	
(Date of Organization)		(Duration: Year limited liability corexist or "perpetual")	npany will cease to
23-98			
(Date first transacted business	in Florida. (See	sections 608.501, 608.502, and 817.15	55, F.S.)
ed Fern Place			
od. MS 39208			
	Street address of	principal office)	
AME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Mike P. Sturdivant	MGR_	Earle F. Jones	MGR
Due West Road	:	1000 Red Fern Place	
Glendora, MS 38928 .		Flowood, MS 39208	_ 플라 유
Gaines P. Sturdivant	MGR		
1000 Red Fern Place			
Flowood, MS 39208		<u> </u>	
			<u> </u>
	(Date of Organization) 23-98 (Date first transacted business Red Fern Place od, MS 39208 (Ititle, and business address of the foreign limited liability NAME & ADDRESS: Mike P. Sturdivant Due West Road Glendora, MS 38928 Gaines P. Sturdivant 1000 Red Fern Place	(Date of Organization) 23-98 (Date first transacted business in Florida. (See Seed Fern Place od, MS 39208 (Street address of title, and business address of each manage the foreign limited liability company in NAME & ADDRESS: TITLE: Mike P. Sturdivant MGR Due West Road Glendora, MS 38928 Gaines P. Sturdivant MGR 1000 Red Fern Place	(Date of Organization) (Street address of principal office) (Street address of principal o

^{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 undersigne	d member or author	orized representative of a m	iember o <u>t</u>	Gainesvil	<u>le</u>	
Cabot Lodg	e, LLC	certifi	ies:			
1) the above na	med limited liabili	ty company has at least two	o members;			
2) the total amo	ount of cash contrib	outed by the member(s) is			\$ 200,	000,1
3) if any, the ag (A descriptio and	greed value of prop on of the property i	erty other than cash contrib s attached and made a part	buted by me hereto.)	mber(s) is	\$	<u> </u>
4) the total amo by member(s	s) is	operty contributed and antion 2 and 3 above.)	cipated to b	e contribute	d \$ 200,	000.
	Signature of a n (In accordance with affidavit constitute stated herein are tr	nember or an authorized the section 608.408(3), Florida Stass an affirmation under the penaltue.)	representat atutes, the exe ties of perjury	tive of a melecution of this that the facts	mber.	
	Gaines P. Stu	rdiyant, Member			523	977
	0411195 1 - 504	Typed or printed nan	ne osignee		1	<i>⊡3</i> 3 ⊤
			J			

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 nar	ne of the Limited Liability Cor	npany is:			
	Gainesville Cabot Lodge,	LLC			
2. The nar	ne and the Florida street addres	ss of the register	ed agent and o	ffice are:	
	John E. Norris	(Name)			
	201 N. Marion St.,	Suite 301			
	Florida street ad	dress (P.O. Box <u>NC</u>	T ACCEPTABLE)		
	Lake City	FL City/State/Zip	32055		
liability con agent and a relating to t	n named as registered agent and appany at the place designated in a gree to act in this capacity. I fur the proper and complete perform of my position as registered agen	this certificate, I h ther agree to com ance of my duties	hereby accept the property of the property with the pro-	he appointment o	as registered atutes

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: 3457-0436B TELEPHONE CONTACT: (615) 741-6488

CHARTER/OUALIFICATION DATE: 02/18/1998 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0346190 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

"GAINESVILLE 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

\$0.00

TOTAL PAYMENT RECEIVED:

\$0.00

RECEIPT NUMBER: ACCOUNT NUMBER:



RILEY C. DARNELL SECRETARY OF STATE