C	T Corporation	on System		
Reque	stor's Name			
6	50 Fast Jeffe	erson Stree	t	
Addre	SS -	-		
$T_{\epsilon}$	allahassee, 1	FL 32301		
City	State	Zlp	Phone	

700002806327--2 -03/15/99--01127--023 \*\*\*\*250.00 \*\*\*\*250.00

700002806327--2 -03/15/99--01127--024 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

**CORPORATION(S) NAME** 

() Profit () NonProfit ☆ Limited Liability Company	() Amendment	() Merger MAR
(X) Foreign	() Dissolution/Withdra	awal () Mark 🗔
() Limited Partnership () Reinstatement () Limited Liability Partners	() Annual Report () Reservation	() Other () Change of R.A. () Fictitious Name
() Certified Copy	() Photo Copies	() CUS
() Call When Ready  X Walk In () Mail Out 44	() Call if Problem () Will Wait	() After 4:30 ∰ Pick Up
Name Availability 3 (Society of the Control of the	3/15/99 PI	EASE RETURN EXTRA COPY(S) FILE STAMPED THANKS JOEY
Verifier Acknowledgment	99 MAR 15 PM IS: 00	
W.P. Verifier		

CR2E031 (1-89)

# 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:

		)		
3.	58-2442608	hla)		-
oreign limited li	iability (FEI number, if applica	ove)		
	December 31, 2039			_
	(Duration: Year limited liability comp	any will		
	cease to exist or "perpetual")			
elification	60 501 C00 500	017155 F	<u> </u>	_
isiness in Florid	la. (See sections 608.501, 608.502 and	01/.133,1.	U.)	
myrna, GA 3	0080			
(Cernat sold	lress of mincipal office)			_
	and a marker IMCRMI or me	anager [M	(GR)	V
dress of each	managing member [MCRAVI] of many in Florida: (attach additional	page if ne	cess	.ຍາ
		TITLE:		
TITLE:	NAME & NOTES			
MGR	Michael D. Shea	MGR_	LO.	
<del></del>	4770 South Atlanta Rd.		<u>×</u>	
	Smyrna GA 30080		<b>₹</b>	
	Siny Find y Car			
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MCD			_	
MGR			-	
MGR		. <u></u>	-	
	Singiness in Florida Smyrna, GA 3 (Street additional dress of each liability comp	December 31, 2039  (Duration: Year limited liability composes to exist or "perpetual")  alification asiness in Florida. (See sections 608.501, 608.502 and smyrna, GA 30080  (Street address of principal office)  Idress of each managing member [MGRM] or	(Street address of principal ciffice)  (Street address of principal ciffice)  (Street address of principal ciffice)  (Aliability company in Florida: (attach additional page if not page i	(Street address of principal office)  (Address of each manager [MGRM] or manager [MGR] liability company in Florida: (attach additional page if necess  TITLE:  NAME & ADDRESS:  TITLE:  MGR  4770 South Atlanta Rd.  Smyrna, GA 30080

<sup>9.</sup> 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 hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each 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 Sun Suites Ho.	ldings II,
L.L.C. 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	<b>\$</b> 100
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 contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$
hwth	=======================================
Signature of a member or authorized representative of a member (In 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.)	SECRETARY IVISION OF CO
Robert Henritze, Manager	PM RPG
Typed or printed name of signee	TATE ATION

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:	
	Sun Suites Holdings II, L.L.C.	
2.	The name and the Florida street address of the registered agent and office are:	
	C T CORPORATION SYSTEM (Name)	SECRETAL DIVISION OF 99 MAR 1
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	S PI
	Plantation FL 33324 (City/State/Zip)	STATE ORATIONS

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.

C T CORPORATION SYSTEM

(Signature)

Mary R. Adams / Asst. Secy.

Filing Fee: \$35 for Designation of Registered Agent

### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K90271360
CONTROL NUMBER : K900566
DATE INC/AUTH/FILED: 01/06/1999
JURISDICTION : GEORGIA
PRINT DATE : 01/27/1999

FORM NUMBER : 211

CT CORPORATION SYSTEM SAMUEL PEARSON 1201 PEACHTREE ST, NE ATLANTA, GA 30361

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### SUN SUITES HOLDINGS II, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State