**Document Number Only** 000000360 300002806343--3 -03715/99--01132--001 C T Corporation System \*\*\*\*\*35.00 \*\*\*\*\*35.00 Requestor's Name 660 East Jefferson Street Address 300002806343--3 32301 Tallahassee, FL -03715/99--01132--002 Phone Zlp State Cltv \*\*\*\*250.00 \*\*\*\*250.00 CORPORATION(S) NAME Sun Suites of Jacksonville () Profit () Merger () Amendment () NonProfit Limited Liability Company () Mark () Dissolution/Withdrawal **EFForeign** () Other () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () Fictitious Name () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Fick Up () Will Wait (``)`Mail O; PLEASE RETURN EXTRA COPY(S) Name 3/15/99 Avallability FILE STAMPED THANKS Document Examiner JOEY --Updater HOITAROYROD TO HOIZIVION Verifier Acknowledgi 99 MAR 15 PHIZ: 00 BECEINED 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:

Name of foreign limited liability company" or their abbreviations "	company must end	d with the words "limited liability of f not so contained in the name at pr	company" or "limited resent.)
Georgía		<b>3</b> . 58-2436146	_ · ·
(Jurisdiction under the law of who company is organized)	ich foreign limited	l liability (FEI number, if a	pplicable)
January 26, 1999	4	December 31, 2039	
(Date of Organization	on)	(Duration: Year limited liability cease to exist or "perpetual")	company will
Upon qual	ification		_*
(Date first transacte	d business in Flori	ida. (See sections 608.501, 608.502	2 and 817.155, F.S.)
4770 South Atlanta Road	Smyrna, GA	30080	
List name, title, and business	address of each	dress of principal office)  managing member [MGRM]	or manager [MGR] wh
List name, title, and business will manage the foreign limit	address of each		or manager [MGR] whonal page if necessary
will manage the foreign limit	address of each ed liability com	managing member [MGRM] of pany in Florida: (attach additi	onal page if necessary
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will manage the foreign limit  NAME & ADDRESS:	address of each ed liability com	managing member [MGRM] of pany in Florida: (attach additi	TITLE:  99 MAR   5 PM   22

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 hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)

## Addendum

1. Name:

Sun Suites Holdings II, L.L.C.

Title:

MGR.

C.

4770 South Atlanta Road, Smyrna, GA 30080

DIVISION OF CORPURATIONS

ag MAR 15 PM 1: 23

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	se undersigned member or authorized representative of a member of Sun Suites of	han and a second
Ţ	Sacksonville, 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	\$;
	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	\$;
-	the total amount of cash and property contributed and anticipated to be contributed	\$1,200,100
	um 1H	
	Signature of a member of 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 penjury that the facts stated herein are true.)	SECRETARY VISION OF CO
	Robert Henritze, Manager, Sun Suites Holdings II, L.L.(  Typed or printed name of signee	
	Then or hymner merry of property	TION TION

Filing Fee: \$250.00 for Application and Affidavit

## CERTIFICATE OF DESIGNATION OF ERGISTERED 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:	<del></del>	
	Sun Suites of Jacksonville, L.L.C.	<u> </u>	
2.	The name and the Florida street address of the registered agent and office	ce are:	
	C T CORPORATION SYSTEM		
	(Name)		
	1200 South Pine Island Road		
	Florida street address (P.O. Box NOT ACCEPTABLE)	<del></del>	<del>.</del>
	Plantation FL 33324		SECH IVISIO
	(City/State/Zip)		FILED STARY OF STORE OF CORPOR
liabil agent relati	ng been named as registered agent and to accept service of process for the lity company at the place designated in this certificate, I hereby accept the t and agree to act in this capacity. I further agree to comply with the pro ing to the proper and complete performance of my duties, and I am familia ations of my position as registered agent.	e appoinimen visions of all	statutes "
CT	CORPORATION SYSTEM		
(	MARIARAMA		
	(Signature)		
	Mary & adams (Signature)  Mary R Adams fasst. Secy.	<del>-</del> कुर	

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 : K90280192
CONTROL NUMBER : K903862
DATE INC/AUTH/FILED: 01/26/1999
JURISDICTION : GEORGIA
PRINT DATE : 01/28/1999

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 OF JACKSONVILLE, 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