m99000001374

Document Number Only				1
				SECRETAR BIVISION OF 1
C T CORPORATION SYST	EM .			
Requestor's Name 660 East Jefferson S	treet			STATE ORATIO
Address Tallahassee, FL 323				<b>-</b> 85 -
City State Zip	Phone ATION(S) NAME	20	0002975 -09/01/99 ****285.00	5752 01045009 ****285.0
	Casaplaya He	DTEL , L. C. C.		
()Profit ()NonProfit WoLimited Liability Cor	() Amendr	nent	() Merger	
Foreign	() Dissolut	tion/Withdrawal	() Mark	-
() Limited Partnership () Reinstatement	() Annual () Reserva		() Other () Change ( () Fictitio	the state of the s
() Limited Liability Pa () Certified Copy	() Photo C	Copies	() CUS	us Name
() Call When Ready Walk In () Mail Out	() Call if P () Will Wa		() After 4:30	99 70
Name Availability  Document Examiner	9/1	PLEASE I	ETURN EXTERNO FILE STAMPED THANKS	3 1 1
Updater Verifier	-		CONNIE SEVA	VED AHII: 20
Acknowledgment				, 
	•			

## 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:

Delaware	3	37-1227988		
urisdiction under the law of whompany is organized)	nich foreign limited	liability (FEI number, if ap	oplicable)	
August 26 1999	5	Perpetual		
' (Date of Organizat:	ion)	(Duration: Year limited liability cease to exist or "perpetual")	company will	
Upon Qualification	0n			
(Date first transacto	ed business in Florid	la. (See sections 608.501, 608.502	and 817.155, F.S	.)
411 Hamilton Blvd.,	Suite 2002, Pe	oria, IL 61602		
	(Stungt add	lease of the state		<del></del>
		ress of principal office)		<del>.</del>
st name, title, and business	s address of each	managing member IMCDIM o	or manager [MG	R] who
ar manago me foreign min	s address of each ted liability comp	managing member [MGRM] o pany in Florida: (attach additio	or manager [MC onal page if nec	R] who essary)
st name, title, and business ill manage the foreign limi NAME & ADDRESS:	s address of each	managing member IMCDIM o	or manager [MC onal page if nec TITLE:	GR] who essary)
in manage the foleigh min	s address of each ted liability comp	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	GR] who essary)
NAME & ADDRESS:  TCL Realty, Inc.	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	GR] who essary)
NAME & ADDRESS:  TCL Realty, Inc.  411 Hamilton Blvd., S	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	FR] who essary)
NAME & ADDRESS:  TCL Realty, Inc.	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	FR] who essary)
NAME & ADDRESS:  TCL Realty, Inc.  411 Hamilton Blvd., S	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	GR] who essary)
NAME & ADDRESS:  TCL Realty, Inc.  411 Hamilton Blvd., S	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	FR] who essary)
NAME & ADDRESS:  TCL Realty, Inc.  411 Hamilton Blvd., S	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	ER] who essary)
NAME & ADDRESS:  TCL Realty, Inc.  411 Hamilton Blvd., S	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	GR] who essary)
NAME & ADDRESS:  TCL Realty, Inc.  411 Hamilton Blvd., S	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	essary)  99 SEP   PM  : 3
NAME & ADDRESS:  TCL Realty, Inc.  411 Hamilton Blvd., S	s address of each ted liability comp  TITLE:  MGR	managing member [MGRM] o pany in Florida: (attach additio	onal page if nec	essary)  99 SEP - I PM I: 31

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.)

FL057 - C T System Unline

## State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CASAPLAYA HOTEL, L.L.C." IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO EAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9944801

991360766

3088648 8300

08-30-99

DATE:

## 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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	The name of the limited liability company is: CasaPlaya Hotel, L.L.C.
_	
	The name and address of the registered agent and office is:
	C T Corporation System
	(Name)
	c/o CT Corporation System, 1200 South Pine Island Road
	(P.O. Box not acceptable)
	Plantation, Florida 33324
	(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) 8/2 b/99

Anne E. Diamond Assistant Secretary

FILING FEE: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The	e undersigned member or authorized representative of a member of CasaPlaya 1	Motel, L.L.C.
_	certifies:	
1)	the above named limited liability company has at least one member,	
2)	the total amount of cash contributed by the member(s) is	\$ <u>1,000</u> ;
	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.)	\$ <u> </u>
-	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.)	\$ 1,000
	John S. Cha	
	Signature of a member or authorized representative of a member of 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.)	er.
	John S. Elias, Authorized Representative	
	Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit