P95000006955

Document Number Only

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL. 32301 (904) 656-8298
City State Zip Phone

CORPORATION(S) NAME

St. Pete - Innkeepers, Inc.

(X) Profit - Articles Effective date 1/19/95
( ) NonProfit
( ) Amendment
( ) Merger
1/26/95

( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark

( ) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of R.A.
( ) Fictitious Name

(X) Certified Copy
( ) Photo Copies
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Acknowledgment
W.P. Verifier

1/26/95
3.00

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FILED
95 JAN 26 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
1 19 95

CR2E031 (1-89)

FILED
1995 JAN 26 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

ARTICLES OF INCORPORATION

OF

St. Pete Innkeepers, Inc.

Effective date shall be January 19, 1995

FIRST: The corporate name that satisfies the requirement of section 607.0401 is: St. Pete Innkeepers, Inc.

SECOND: The address of the principal office, if known, and the mailing address of the corporation is: 1767 N. Congress Avenue
Boynton Beach, FL 33426

THIRD: The number of shares the corporation is authorized to issue is: 1,000 at $1.00 par value.

FOURTH: The street address of the initial registered office of the corporation is: c/o C T CORPORATION SYSTEM, 1200 S. Pine Island Road., City of Plantation, Florida 33324, and the name of the initial registered agent at such address is: C T CORPORATION SYSTEM.

FIFTH: The number of directors constituting the initial board of directors of the corporation is one **, and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:**

David Akridge
1767 N. Congress Avenue
Boynton Beach, FL 33426

SIXTH: The name and address of each incorporator is:

Connie Bryan
1311 Executive Center Drive, Suite 200
Tallahassee, FL 32301

EFFECTIVE DATE
1/19/95

FILED

1995 JAN 26 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned has executed these Articles of Incorporation this 26th **day of** January **, 19** 95

Connie Bryan

Incorporator/ Connie Bryan

Acceptance by the registered agent as in section 607.0501 (3) F.S.: C T CORPORATION SYSTEM is familiar with and accepts the obligations provided for in section 607.0505

C T CORPORATION SYSTEM

Dated January 26 **, 19** 95

Connie Bryan

Connie Bryan, Special Asst. Secretary

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 22 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000006955 (5)

1. Corporation Name

ST. PETE INNKEEPERS, INC.

REINSTATEMENT 9/6/00

Principal Place of Business	Mailing Address
1767 N. CONGRESS AVE. BOYNTON BEACH FL 33426	1767 N. CONGRESS AVE. BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified: 01/19/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1100 CLINTON BLVD	26 1 CATE STREET
22 Suite, Apt. #, etc: STE C-9	27 Suite, Apt. #, etc: SUITE 3
23 City & State: DELRAY BEACH, FL	28 City & State: PORTSMOUTH, NH
24 Zip: 33444 25 Country:	29 Zip: 03801 30 Country:

4. FEI Number: 59-3291318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
700002013367--7
83 -11/26/96--01002--003
****375.00 ****375.00
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Connie Bry CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 11-22-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	AKRIDGE, DAVID		12 NAME	AKRIDGE, DAVID	
STREET ADDRESS	1767 N. CONGRESS AVE.		13 STREET ADDRESS	1 CATE ST, SUITE 3	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		14 CITY-ST-ZIP	PORTSMOUTH, NH 03801	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with my address.

SIGNATURE: DAVID AKRIDGE 9/20/96 603-433-4142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087740 CP