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01/14/2008	200801101098	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

THE HOTEL GROUP
110 JAMES STREET
SUITE 102
EDMONDS, WA 98020

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1750851**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EMBASSY SUITES HOTEL

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 01/08/2013

Document No(s):

200801101098

MACKENZIES HOTEL INVESTMENTS,
LLC
110 JAMES STREET
SUITE 102
EDMONDS, WA 98020



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 8th day of January, A.D.
2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
☐ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
☒ No	PO Box 670 Columbus, OH 43216

NAME REGISTRATION
(For Domestic/Foreign Profit or Nonprofit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY	(2) ☒ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No. _____
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Embassy Suites Hotel**The Registrant is (Check Appropriate Box)**

☐ Individual	☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
☐ Limited Partnership: Reg. No. _____	☐ Unincorporated Association
☐ Ohio Limited Liability Co., Reg. No. _____	☒ Foreign Limited Liability Co. holding Ohio Reg. No. <u>1618431</u>
☐ Ohio Corporation, Charter No. _____	organized in the state of <u>Delaware</u>
☐ General Partnership	
☐ Other _____	

The name of the registrant designated above is

Mackenzies Hotel Investments, LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

110 James Street, Suite 102

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.Edmonds

(City)

Snohomish

(County)

WA

(State)

98020

(Zip Code)

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

~~110 James Street, Suite 102, Edmonds, WA 98020~~

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Full service Hotel with Food and Beverage operations

Complete the information in this section if box (3) is checked.

- The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

~~Authorized Representative~~

11/20/2007.

Date _____

Authorized Representative

Date _____