

CORPORATE CHARTER APPROVAL SHEET

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE TCI BUSINESS CODE _____

24-10-029503 / 24-10-029953
24-10-029139
Close _____ Stock _____ Nonstock _____



P.A. _____ Religious _____
Merging (Transferor) _____

ID # 00000243 ACK # 1000362007129184
PAGES: 0005
HAVEN HOTEL, LLC

07/28/2014 AT 08:46 A MO # 0004376035

Surviving (Transferee) _____

New Name _____

FEES REMITTED

Base Fee: 20
Org. & Cap. Fee: _____
Expedite Fee: _____
Penalty: _____
State Recordation Tax: _____
State Transfer Tax: _____
Certified Copies _____
Copy Fee: _____
Certificates _____
Certificate of Status Fee: _____
Personal Property Filings: _____
Mail Processing Fee: _____
Other: _____

TOTAL FEES: 20

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent
and Resident Agent's Address
_____ Change of Business Code

_____ Adoption of Assumed Name

_____ Other Change(s)

Credit Card _____ Check Cash _____

Code _____

2 Documents on 1 Checks

Attention: _____

Approved By: [Signature]
Keyed By: [Signature]

Mail: Name and Address
Williams, Moore, Shackley & Harwood LLP
KEYWORD SHACKLEY
3509 Coastal Highway
Ocean City, MD 21842

COMMENT(S):
2052

Stamp Work Order and Customer Number HERE

CUST ID: 0003159455
WORK ORDER: 0004376035
DATE: 10-24-2014 01:17 PM
AMT. PAID: \$40.00

REPORT OF TRANSFER OF CONTROLLING INTEREST

Office Use Only

(Please read the instructions below before completing this form)

1. Type of filing: Regular Permissive

2. Date of final transfer: AUGUST 27, 2012

3. Name of Real Property Entity whose interest is being transferred: HAVEN MOTEL, LLC

4. Mailing address for Real Property Entity: 101 N. FIRST STREET, OCEAN CITY, MD 21842

5. Type of Real Property Entity: Corp LLC LP GP or Joint Venture
 Unincorporated REIT Other-specify _____

6. State of formation: MARYLAND

7. Total consideration for the controlling interest being transferred: \$ _____ 0.00

8. List below the value attributable to each of the following assets:

- a) Maryland Real Property \$ 4,647,000.00
- b) Non-Maryland Real Property \$ _____
- c) Cash \$ _____
- d) Securities \$ _____
- e) Maryland Tangible Personal Property* \$ _____

*Provide SDAT personal property account # for each return:

- f) Non-Maryland Tangible Personal Property \$ _____
- g) Other: Attach description and method of valuation \$ _____

9. Gross value of Real Property Entity assets: \$ 4,647,000.00

Maryland State Department of Assessments & Taxation

10. Real property in Maryland directly or beneficially owned by the Real Property Entity:

Parcel 1:

County Name SDAT Account No. Address or brief description

Description of building/improvements:

Title holder if different from Item 3 above:

Consideration attributable to the parcel: \$

Parcel 2:

County Name SDAT Account No. Address or brief description

Description of building/improvements:

Title holder if different from Item 3 above:

Consideration attributable to the parcel: \$ 3
If more than two parcels, attach a separate sheet and indicate total number of parcels:

11. Specify and explain any exemptions authorized by law being claimed with this filing:

(Attach a separate sheet if more space is required.) Salvatore Rinaldi and Francesco Rinaldi received a 33 1/3% interest from the Estate of Mario Rinaldi; the decedent was their father.

12. Transfer and Recordation taxes paid with this filing:

Table with columns for Item amount, Total amount, Co. Rate, Co. Recordation, SL Rate, and State Transfer. Includes calculations for Item 7 and Item 9.

Total Taxes \$ 0

Add the \$20 filing fee to the amount of the total taxes and make the check payable to the State Department of Assessments & Taxation.

13. I hereby declare under the penalties of perjury, pursuant to § 1-201 of the Maryland Tax-Property Code Annotated, that this filing (including any accompanying forms and attachments) has been examined by me and the information contain herein, to the best of my knowledge and belief, is true, correct and complete, that I am authorized to make this filing on behalf of the Real Property Entity, that I have accurately reported the percentage of controlling interest being transferred, that I have fully reported the consideration attributable to Maryland Real Property, and that I have answered truthfully each item of information requested on the form.

Signature of authorized filer

By: Salvatore Rinaldi

4-21-14

Date

14.) Contact information for this filing:

Raymond C. Shockley, Esquire	410-289-3553		
_____ Name	_____ Telephone		
3509 Coastal Highway	Ocean City	MD	21842
_____ Address	_____ City	_____ State	_____ Zip code

Parcel 1:

Worcester 10-029503 101 N. Atlantic Avenue
County Name SDAT Account No. Address or brief description

Description of building/improvements: 44 unit motel building

Title Holder if different from Item 3 above: n/a

Consideration attributable to the parcel: \$0.00

Parcel 2:

Worcester 10-029953 100 Baltimore Avenue
County Name SDAT Account No. Address or brief description

Description of building/improvements: 3 unit condominium building

Title Holder if different from Item 3 above: n/a

Consideration attributable to the parcel: \$0.00

Parcel 3

Worcester 10-029139 Philadelphia Avenue Lot
County Name SDAT Account No. Address or brief description

Description of building/improvements: Parking lot on Philadelphia Avenue

Title Holder if different from Item 3 above: n/a

Consideration attributable to the parcel: \$0.00

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