Division of Corporations

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Florida Department of State

Division of Corporations **Public Access System** Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : FOWLER, WHITE, BURNETT, RT AL

Account Number : 071250001512 Phone : (305)789-9200 Fax Number : (305)789-9201

LIMITED LIABILITY COMPANY

H DOUBLE OT OF FLORIDA, LC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF H DOUBLE OT OF FLORIDA, LC

ARTICLE I

The name of the limited liability company formed hereby is H DOUBLE OT OF FLORIDAL LC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

929 Washington Avenue Miami Beach, Florida 33139

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fred K. Lickstein, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

ARTICLE V

The Limited Liability Company is to be managed by one (1) Managing Member. The name and address of the initial Managing Member who will serve until his successor is elected and qualified is:

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Oliver Hoyos 300 South Pointe Drive Apt. #3601 Miami Beach, Florida 33139

Fred K. Lickstein,
as Authorized Representative of the Managing Member + 5

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Before me personally appeared Fred K. Lickstein, as Authorized Representative of the Managing Member, who is personally known to me, or who produced as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 31 day of ______

judith D. Rodman
Notary Public, State of Florida
Commission No. CC 678388
My Commission Exp. 10/18/2001
Banded Through Fig. Many Service & Soming Co.

Notary Public

Print Name:___

My Commission expires:

10/18/2001

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is H DOUBLE OT OF FLORIDA.
- 2. The name and address of the Registered Agent and Office is:

Fred K. Lickstein, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Fred K. Lickstein, Registered Agent

Date: 71 2000

H DOUBLE OT OF FLORIDA, LC

Fred K. Lickstein,

as Authorized Representative of

Managing Member

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