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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0488.28047

LIMITED LIABILITY COMPANY

EHP WESTSHORE SUITES, LLC

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DIVISION OF CORPORATION

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

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Handwritten initials

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

EHP Westshore Suites, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

100 East RiverCenter Blvd., Suite 400

Covington, Kentucky 41011

Mailing Address:

100 East RiverCenter Blvd., Suite 400

Covington, Kentucky 41011

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

National Corporate Research, Ltd., Inc.

Name

100 N. Madison Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FLORIDA 32301

City, State, and 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 as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

Ida Borovoy, Asst. Secy.

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>EHP Operating Partnership, L.P.</u> <u>100 East RiverCenter Blvd., Suite 400</u> <u>Covington, Kentucky 41011</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SEE ATTACHMENT A

Typed or printed name of signer

- Filing Fees**
- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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ATTACHMENT A

Executed this 9th day of June, 2004.

RHP WESTSHORE SUITES, LLC

**By: RHP OPERATING PARTNERSHIP,
sole member**

**By: EAGLE HOSPITALITY PROPERTIES TRUST, INC.,
sole general partner**

By: 

**William Blackham
President and CEO**

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