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(City/State/Zip/Phone #)

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(Business Entity Name)

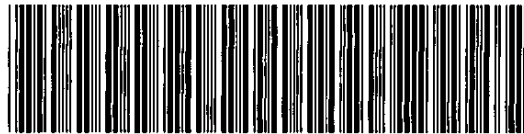
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**THE LAW OFFICE OF LINDA L. GAUSTAD, P.A.**

*Linda L. Gaustad*  
*Susan Rae Giacoletto*  
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815 South Volusia Avenue, Suite 1  
Orange City, Florida 32763  
Phone (386) 456-0500  
Fax (386) 456-0150

*Mandy Jouini*  
*Juliane S. Arnold*  
*Jacklyn Cox*  
Legal Assistants

June 6, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUBJECT: Engel Suites, LLC**

Dear Sirs or Madames:

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$125.00	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certificate of	Filing Fee & Registered Agent Fee	Filing Fee, & Certificate of Status

**FROM:** The Law Office of Linda L. Gaustad, P.A.  
815 S. Volusia Avenue, Suite 1  
Orange City, Florida 32763  
(386) 456-0500

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**NOTE: Please provide the original and one copy of the articles.**

The Law Office of Linda L. Gaustad  
815 South Volusia Avenue, Suite 1  
Orange City, FL 32763  
Prepared By: Linda L. Gaustad, Attorney at Law

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Engel Suites, LLC

**ARTICLE II - Address:**

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

Mailing Address:  
P.O. Box 740779  
Orange City, Florida 32774

Street Address:  
1025 West New York Avenue  
DeLand, Florida 32720

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:  
The effective date of the limited liability company is June 10, 2006 and will continue until such time that the members majority vote to terminated the limited liability company.

**ARTICLE IV - Management:**

**(Check the appropriate box and complete the statement)**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

1) Bonnie A. Engel-P.O. Box 740779, Orange City, Florida 32774

The Management of this company is by its members acting as a Board of Members, each voting according to their distributional interest and shall have the authority to act for the company in all matters.

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**ARTICLE V - Admission of Additional Members:**

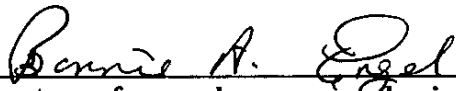
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members or the transferee of a distributional interest of a member, may be admitted to membership by a majority vote of the members.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members of the limited liability company, by majority vote, may exercise the right to continue.



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bonnie A. Engel

Typed or printed name of signee

**Filing Fee: \$100.00 for Article**

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Engel Suites LLC
2. The name and the Florida street address of the registered agent are:

Bonnie A. Engel  
NAME

1025 West New York Avenue  
FLORIDA STREET ADDRESS

Deland, FL 32720  
CITY, STATE AND ZIP

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*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, F.S.*

Bonnie A. Engel  
SIGNATURE

**Filing Fee: \$ 25 for Designation of Registered Agent**