

LO7000109859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 26 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2007 OCT 30 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 290435 7116986

AUTHORIZATION : *Spudde man*

COST LIMIT : \$ 125.00

ORDER DATE : October 25, 2007

ORDER TIME : 8:41 AM

ORDER NO. : 290435-005

CUSTOMER NO: 7116986

DOMESTIC FILING

NAME: NOBLE HOUSE SANTA ROSA BEACH,
LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____



Resubmit

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2007

DEBBIE SKIPPER
CSC
TALLAHASSEE, FL

SUBJECT: NOBLE HOUSE SANTA ROSA BEACH, LLC
Ref. Number: W07000053428

RECEIVED
07 OCT 30 PM 12:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for NOBLE HOUSE SANTA ROSA BEACH, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

As discussed, the entities on Page 2 must be identified either as MANAGERS or MANAGING MEMBERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 807A00063297

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOBLE HOUSE SANTA ROSA BEACH, LLC

(Must end with the words "Limited Liability Company, "L. L. C.," or "LLC ")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

225 108th Avenue NE
Suite 300
Bellevue, WA 98004

same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 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, F.S.

Corporation Service Company
BY: Stephanie Or
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA
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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Noble House Hotels & Resorts
225 - 108th Avenue NE, Ste. 300
Bellevue, WA 98004

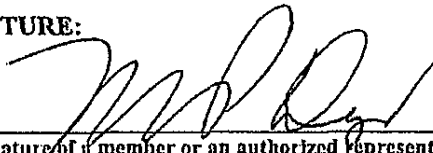
MGRM

Westgroup Partner, Inc.
225 - 108th Avenue NE, Ste. 300
Bellevue, WA 98004

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

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

M. P. DYER, authorized representative

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
 2007 OCT 30 PM 3:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA