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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302) 674-4089  
Fax Number : (302) 674-5266

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TALLAHASSEE, FLORIDA

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Email Address: sserna@creascentheights.com

FLORIDA LIMITED LIABILITY CO.  
MENIN HOTELS, LLC

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

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J. BRY  
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EXAM

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MENIN HOTELS, 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:**

2200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

**Mailing Address:**

2200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

**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:

DAYAMI AGUIAR

Name

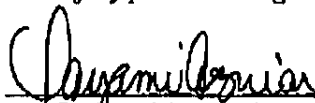
2200 BISCAYNE BOULEVARD

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

MIAMI FL 33137

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

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**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

PHG CONSULTING, LLC  
2650 BISCAYNE BOULEVARD, 2ND FL  
MIAMI, FL 33137

MGRM

KEITH MENIN HOTELS, LLC  
1100 WEST AVENUE, TS1  
MIAMI BEACH, FL 33139

MGRM

SK FINANCIAL, LLC  
2200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

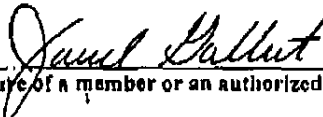
MGRM

REG FINANCIAL, LLC  
2200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 1, 2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**JARED GALBUT, MANAGING MEMBER**

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)
- \$ 3.00 Certificate of Status (Optional)

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**MENIN HOTELS, LLC**

**ARTICLE IV, MANAGING MEMBERS (continued)**

**MGRM**

**MENIN FINANCIAL, LLC  
2200 BISCAYNE BOULEVARD  
MIAMI, FL 33137**

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