

L13000075403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

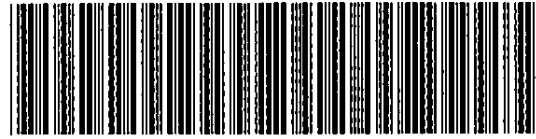
(Business Entity Name)

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13 MAY 22 PM 1:29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 MAY 22 AM 10:04

MAY 23 2013

J. BRYAN

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

2013 MAY 22 AM 10:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 05/22/2013

REF. #: 7748064.8776311

CORP. NAME: CORAL GABLES HOTEL MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70002834 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
CORAL GABLES HOTEL MANAGEMENT, LLC**

FILED
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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is CORAL GABLES HOTEL MANAGEMENT, LLC (the "Company").


ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133.

ARTICLE III - Registered Agent and Office

The street address of the Corporation's initial registered office is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133 and the name of its initial registered agent at such office is Pedro Villar.

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. Dated this 21st day of May, 2013.



Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.



Pedro Villar
Dated: May 21, 2013