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Monopoly Hotel Group, Ltd.

106 Sycamore Drive  
Palm Beach, FL 33411

Phone: 561-784-8974 Fax: 561-784-8508

L01000005629

April 4, 2001

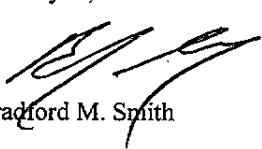
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

400003963384--3  
-04/06/01--01110--008  
--\*\*\*\*130.00 \*\*\*\*130.00

To Whom It May Concern,

Please file the enclosed articles for Monopoly Hotel Group, LLC. The address is 106 Sycamore Drive, Royal Palm Beach, FL 33411, and the phone number is 561-704-0450.

Thank you,

  
Bradford M. Smith

FILED  
01 APR -6 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MONOPOLY HOTEL GROUP, LLC

## ARTICLE II - Address:

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

106 SYCAMORE DRIVE, ROYAL PALM BEACH, FL 33411

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

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

BRADFORD M. SMITH  
Name  
106 SYCAMORE DRIVE  
Florida street address (P.O. Box **NOT** acceptable)  
ROYAL PALM BEACH FL 33411  
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

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

BRADFORD M. SMITH  
Typed or printed name of signee

### 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)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA