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Fax Number : (850) 617-6381

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Account Name : CAPITOL SERVICES, INC.

Account Number: I20160000017 Phone : (855) 498-5500

Fax Number : (800)432-3622

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Email Address:

## FLORIDA LIMITED LIABILITY CO. WATERFRONT HOTELS, LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	;
WATERFRONT HOTELS, LLC	
	_

ATERFRONT HOTELS, LLC

(Must contain 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:

13021 NORTH CLEVELAND AVENUE FORT MYERS, FLORIDA 33903 13021 NORTH CLEVELAND AVENUE FORT MYERS, FLORIDA 33903

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:

The Kabrawala Law Group, PLLC
Name

190 E. MORSE BLVD

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

WINTER PARK FL 32789
City State 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Chirag B, Kabrawala, Esq., authorized representative  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certified Copy (Optional)	AMBR    PINAL PATEL     13021 NORTH CLEVELAND AVENUE     FORT MYERS, FL 33903	Title: "AMBR" = Authorized Member	Same and Address:
AMBR  PINAL PATEL 13021 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  AMBR  PINAL PATEL 13021 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  AMBR  SENTIIL KRISHNA 13021 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  AMBR  SAMIR PATEL 13021 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing.  (OPTIONAL)  (It is the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unneut's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.  Chirag B, Kabrawala, Esq., authorized representative Typed or printed name of signec  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	AMBR  PINAL PATEL 13021 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  AMBR  PINAL PATEL 13021 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  AMBR  SENTIHL KRISHNA 13031 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  AMBR  SAMIR PATEL 13021 NORTH CLEVELAND AVENUE FORT MYERS, FL 33903  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 unent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Chirag B. Kabrawala, Esq., authorized representative Typed or printed name of signee Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		SANIAY DATRI
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5 Slow Certificate of Status (Optional)	and the second of the second o	fective date is listed, the date must b of filing.) f the date inserted in this block does r ment's effective date on the Departm LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of: This document is ex I am aware that any constitutes a third de Chirag B. Ka  \$125.00 Filing Fee for Articles of	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.  Ralse information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  Abrawala, Esq., authorized representative  Typed or printed name of signee  Filling Fees:  Organization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-