

113 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
922-1173

MAILING COVER SHEET
ACCT. # FCA-14

000000006721

CONTACT: CINDY HICKS

DATE: 6-9-00

100003282321--2
-06/09/00--01031--008
****133.75 ****130.00

REF. #: 0163.12081

CORP. NAME: Hawthorne Inn of Lakeland,
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"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 7983 FOR \$ 133.75

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"/> CERTIFICATE OF STATUS | |

☒ PLAIN STAMPED COPY

Examiner's Initials

30

FILED
RECEIVED
00 JUN -9 PM 1:01
00 JUN -9 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

HAWTHORNE INN OF LAKELAND, LLC

1. Name. The name of this limited liability company is HAWTHORNE INN OF LAKELAND, LLC (the "Company"), and it shall be formed as a limited liability company under Chapter 608 of the laws of the State of Florida.

2. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Business. The mailing address and street address of the Company's principal office is 5665 Cypress Gardens Blvd., S.E., Suite 5000, Winter Haven, Florida 33884.

5. Registered Agent and Office. The name of the initial registered agent of the Company is Donald E. Fike. The street address of the initial registered office of the Company is 5665 Cypress Gardens Blvd., S.E., Suite 5000, Winter Haven, Florida 33884.

6. Management of the Company. The Company shall be managed by a manager or managers in accordance with the Operating Agreement adopted by all of the members and is, therefore, a manager-managed company.

7. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 6 day of JUNE, 2000.

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

MEMBER:

LB Properties, Inc., an Illinois corporation

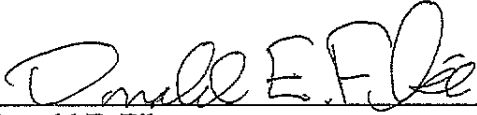
By:

Donald E. Fike
Print Name: Donald E. Fike
Its: President

FILED
00 JUN -9 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Donald E. Fike

Dated: 6-6-00

1900-004-714841.01

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00 JUN -9 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA