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C T CORPORATION SYSTEM				
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 15, 2000

CT SYSTEM

ATTN: CONNIE BRYAN

SUBJECT: THE ORLANDO GROUP DOWNTOWN LLC

Ref. Number: W00000015316

We have received your document for THE ORLANDO GROUP DOWNTOWN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the city, state, and zip code in Article II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 100A00034370

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ARTICLES OF ORGANIZATION FOR FLUKIDA LIVILLED LIV

ARTICLE I - Name:

The name of the Limited Liability Company is:

he Orlando 9roup Downtown LLC

ARTICLE II - Address:

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

100 South Orange avenue - Suite 100 Orlando, Florida 32801

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

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

13845 Whisper wood DRIL Florida street address (P.O. Box NOT acceptable) Clookwater FL 33767 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.

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.)

Mabhey Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)