## Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

#### **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 205-0383

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

# LIMITED LIABILITY COMPANY

TAMIAMI HOSPITALITY MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

## HO1000073750

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

#### Tamiami Hospitality Management, LLC

LAZARUS CORPORATION

ARTICLE II - Address:

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

20547 OLD CUTLER ROAD, SUITE 113 MIAMI, FL 33189

ARTICLE III ~ Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

CHARLES O. BURNS

9985 S.W. 218 TERRACE Florida street address (P.O. Box NOT acceptable)

> MIAML FL 33189 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liubility 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.

> CHARLES O. BURNS - MANAGER 8980 S.W. 218 TERRACE MIAMI, FL 33190

PABLO E. LONGARES - MANAGER 10250 S.W. 137 CT MIAMI, FL 33186

ALBERT L. LACLE - MANAGER 12 INDEPENDENCE PLACE SMITHFIELD, NJ 08201

# J.

# HO 1 0 0 0 0 7 3 7 5 0

HAROLD R. WILLIAMS - MANAGER ^230 PRUIRTT DRIVE ALPHARETTA, GA 30004

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

Signature of a member of 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.)

PABLO E, LONGARES
Typed or printed name of signee

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