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ACCOUNT NO.	:	072100000032
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REFERENCE:

185564) 7275427

AUTHORIZATION :

Tatricia

STATE

COST LIMIT : \$ 125.00

ORDER DATE: June 13, 2001

ORDER TIME : 11:53 AM

ORDER NO. : 185564-001

CUSTOMER NO: 7275427

000004431130--6

CUSTOMES:

Mr. Frederic M. Shaw Mr. Frederic M. Shaw

Suite 151

Wellington, FL 33414

12230 W Forest Hill Blvd

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DOMESTIC FILING

NAME:

SUNCOAST HOSPITALITY

MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____PLAIN STAMPED COPY

CONTACT PERSON: NORMA HULL - EXT. 1115

EXAMINER'S INITIALS:

BK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	Liability Company is:	
SUNCOAST HOSPITALITY	MANAGEMENT, LLC	7.5° 0
ARTICLE II - Address:		PG 4 -
	street address of the principal offic	e of the Limited Liability Company is:
		S. 7.
12230 WEST FOREST H	ILL BOULEVARD, SUITE 151, WE	ELLINGTON, FLORIDA 33414
ARTICLE III - Register	ed Agent, Registered Office, & I	Registered Agent's Signature:
	street address of the registered age	7
	•	
	FREDERIC M. SI	HAW
	Name	
	12230 WEST FOREST HILL BI	VD., SUITE 151
	Florida street address (P.O. Box No. 1981) WELLINGTON, FL.	
	City, State, and Zip	33414
	-	e of process for the above stated limited
statutes relating to the pro	lace designated in this certificate, I e to act in this capacity. I further a pper and complete performance of t ny position as registered agent as p FREDERIC M. SHAW	igree to comply with the provisions of all my duties, and I am familiar with and
	By: see attached	
	Registered Agent's	Signature
Article IV - Management The Limited Liability therefore, a manager - ma	nt (Check box if applicable.) Company is to be managed by oranged company.	ne manager or more managers and is,
	ional article must be added if an e	NARD
Signat	ure of a member or an authorized repr	resentative of a member.
OI this	coordance with section 608.408(3), Florid a document constitutes an affirmation under facts stated herein are true.) Laura R. Dunlap	ler the penalties of perjury Laura R. Dunlap as its agent
	Typed or printed name of si	rance
	Filing Fees:	Auticles of O

\$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)

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN THE ARTICLES OF INCORPORATION

PREDERIC M. SHAW, an individual residing in this
state, having a business office identical with the registered
office of the corporation named below, and having been
designated as the Registered Agent in the above and foregoing
Articles of Incorporation of:

SUNCOAST HOSPITALITY MANAGEMENT, LLC

FREDERIC M. SHAW is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

Typed Name: FREDERIC M. SHAW

MEMBERS OF:

SUNCOAST HOSPITALITY MANAGEMENT, LLC

Frederic M. Shaw Member

12230 West Forest Hill Blv Suite 151
Wellington, Florida 33414

njh

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SUNCOAST HOSPITALITY MANAGEMENT, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 18 day of Jone 2001

Signature

Print Name of Signer

WITNESS:

Sharron M. O. Bren

Signature

Print Name of Vitters

Print Name of Witness

