CT CORPORATION SYSTEM

L01000022308

CORPORATION(S) NAME

AIB St. Petersburg LLC

01 DEC 20 AM 10:17 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

01 DEC 20 PM 4:52
OLPAL LIAISON OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
(x) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name 12/20/01
Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

MS

Order#: 5007455
200004735232--1
-12/21/01--01008--007
****125.00 ****125.00
Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

AIB ST. PETERSBURG LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

C/O KLAUS THOMA, 1980 POST OAK BOULEVARD, SUITE 700, HOUSTON, TEXAS 77056

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

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

C T Corporation System
Name

c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
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..

C T Corporation System
Registered Agent's Signature

VICTOR ALFANO
ASSISTANT SECRETARY

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)

Attorney and agent-in-fact
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.)

KLAUS THOMA
Typed or printed name of signee

APPROVED AND FILED
01 DEC 20 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
$ 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)