

Florida Department of State

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

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Division of Corporations

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From:

Account Name : ROETZEL & ANDRESS

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AL

LIMITED LIABILITY COMPANY

CASA PLAYA RESORT, LLC

Certificate of Status	1
Certified Copy	1
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ARTICLES OF ORGANIZATION

OF

CASA PLAYA RESORT, LLC

ARTICLE 1

The name of the Limited Liability company is: CASA PLAYA RESORT, LLC

ARTICLE II

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

1674 W Smith Valley Road, Suite A Greenwood, IN 46142

ARTICLE LU

 Its registered office in the State of Florida is to be located at 850 Park Shore Drive, Third Floor, Naples, FL 34103 and its registered agent at such address is: Steve Falk.

ARTICLE IV

4. The company will be managed by members, the name and addresses of those who are to serve until the first meeting of members or until their successors are elected are:

NAME

ADDRESS

Darin M. Smith

1674 W Smith Valley Road, Suite A

Greenwood, IN 46142

Thomas Brueggemann

1674 W Smith Valley Road, Suite A

Greenwood, IN 46142

Thomas Brueggerfann, Managing Member

CERTIFICATE OF DESIGNATION: REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

CASA PLAYA RESORT, LLC

2. The name and address of the registered agent and office is:

Steven M. Falk, Esq. Roetzel & Andress, a Legal Professional Association 850 Park Shore Drive, Third Floor

Naples, FL 34103

Thomas Brucggemann, Managing Member

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABLITY 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 ANC ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

teven M Falk For

DATE

SECRETARY OF STATE FILLED