Lodocoo 1251 TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

200004747662--5 -01/02/02--01073-003 ****125.00 *****125.00

SUBJECT:				
		(Proposed corporate n	ame - must include suffix)	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
	X \$125.00 Filing Fee & Designation of Registered Agent	of Registered Agent & Certificate of	\$155.00 Filling Fee & Certified Copy ADDITIONAL COPY RE	\$160.00 Filing Fee, Certified Copy & Certificate of Status EQUIRED
		Status		
	FROM:	/I: MARK COHEN CPA Name (Printed or typed)		
	Hame (Finited of typed)			
		1772 EAST TRAFALGAR CIRCLE Address		
		HOLLYWOOD, FL 33020 City, State, & Zip		
		City, State, & Zip (954) 922 6042 Daytime Telephone number		
Dayume relephone number				

NOTE:

Please provide the original and one copy of the articles

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 7, 2002

MARK COHEN CPA 1772 E TRAFALGAR CIR HOLLYWOOD, FL 33020

SUBJECT: HAPPY DAYS MOTEL, L.L.C.

Ref. Number: W02000000460

We have received your document for HAPPY DAYS MOTEL, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Shawn Logan Document Specialist

Letter Number: 702A00000735



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company shall be:

HAPPY DAYS MOTEL, L.L.C.

ARTICLE II ADDRESS:

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

1950 TAFT STREET HOLLYWOOD, FL 33020

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the limited liability company's registered agent

MARK COHEN C.P.A. 1772 EAST TRAFALGAR CIRLCE HOLLYWOOD, FL 33020

Having been named as registered agent and to accept service of process for the above stated limited liability corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agreee 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

(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.)

Robert Bourdages
Typed or printed name of signee