#### Florida Department of State

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DIVISION OF CORPORATION

### LIMITED LIABILITY COMPANY

Parkview Hospitality Group, LLC

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| Estimated Charge      | \$155.00 |

# ARTICLES OF ORGANIZATION

Parkylew Hospitality Group, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Parkview Hospitality Group, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Compa shall be: 4401 Vineland Rd., Suite A-16, Orlando, Florida 32811.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Greg Wright, 4401 Vineland Re-Suite A-16, Orlando, Florida 32811. Located in the County of Orange,

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Greg Wright, 2227 Lake Vilma, Orlando, Florida 32835

Richard Oster, Vice President

**Business Filings Incorporated** 

Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

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FAX AUDIT#

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, 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.

The name of the limited liability company is: Parkview Hospitality Group, LLC

The name and address of the registered agent and office is Greg Wright, 4401 Vineland, Rd., Suite A-16, Orlando, Florida 32811. Located in the County of Orange.

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

Signature:

Grea Wright

Date: June 24, 2002

FAX AUDIT # 162000 570090