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SECNETANT OF STATE TALLAHASSEE, FLORID,

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ACCOUNT NO. : 072100000032 SEUNLIAMI UT STATE TALLAHASSEE, FLORIDA

REFERENCE: 804049

4049 735!

7355721

AUTHORIZATION :

1000

COST LIMIT : \$ 125.00

ORDER DATE: October 31, 2002

ORDER TIME : 12:13 PM

ORDER NO. : 804049-001

CUSTOMER NO: 7355721

CUSTOMER: Mr. Douglas L. Conner

Mr. Douglas L. Conner

6353 Orange Cove Drive

Orlando, FL 32819

DOMESTIC FILING

NAME:

AMERICAN HOSPITALITY GROUP,

LLC

ARTICLES OF INCORPORATION

EFFECTIVE DATE:

	RTIFICATE OF LIMITED PARTNERSHIP TICLES OF ORGANIZATION
PLEASE RE	TURN THE FOLLOWING AS PROOF OF FILING:
XX P	ERTIFIED COPY LAIN STAMPED COPY ERTIFICATE OF GOOD STANDING
CONTACT P	ERSON: Darlene Ward - EXT. 1135

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN HOSPITALITY GROUP, LLC

SEUNCIAINT OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

6353 Orange Cove Drive, Orlando, Florida 32819

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

The name and the Flo	rida street address of the regis	stered agent	are:		
	Corporation Ser	vice Compa	iny		
	Nam	e	rī i īk rī ur īk L		the state of the second
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)				• .	:
	Tallahassee	FL	32301		

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.

Corporation Service Company

By: Deborah D. Skipper
Asst. V. Pres.

Registered Agent's Signature

(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.)

Deborah D. Skipper
Typed or printed name of signee

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)

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SECRETARY OF STATE -TALLAHASSEE, FLORIDA

MANAGING MEMBERS OF: AMERICAN HOSPITALITY GROUP, LLC

Douglas L. Conner Managing Member

James Katurakes Managing Member

Terry E. Ross Managing Member 6353 Orange Cove Drive Orlando, Florida 32819

8521 Billingshurst Place Orlando, Florida 32819

3792 Seminole Drive Orlando, Florida 32812

LIMITED POWER OF ATTORNEY

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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 HASSEE, FLORIDA limited purpose of executing on behalf of the undersigned the original Articles of Organization of AMERICAN HOSPITALITY GROUP, 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 day of November, 2

Signature

Douglas L. Coni

Print Name of Signer

WITNES

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Print Name of Witness Print Name of Witness