

LO3 0000 16499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

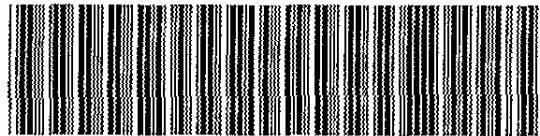
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LO3-16499
JK

CT CORPORATION

May 7, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5847209 SO
Customer Reference 1: 498150-65
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

HotelsAB Lido Employees, LLC (FL)
Formation
Florida

HotelsAB Lido Employees, LLC (FL)
Cert Copy of Articles of Org
Florida

HotelsAB Lido Employees, LLC (FL)
Certificate of Status-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Conne Buy

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:

HotelsAB Lido Employees, LLC

ARTICLE II - Address:The mailing address and street address of the principal office of the Limited Liability Company is:
142 Greene Street, 3rd Floor, New York, NY 10012**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 C T Corporation System, 1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFL 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

By:

Connie Bryan**CONNIE BRYAN****SPECIAL ASSISTANT SECRETARY**

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 M. Reusch

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)