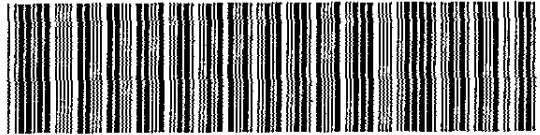


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TALLAHASSEE, FLORIDA



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(Address)

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(Business Entity Name)

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**Avista Holdings, LLC**

5353 Conroy Road, Suite 200  
Orlando, FL 32811

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 28, 2003

**To:** Whom It May Concern  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re:** New Corporation

Dear Sir or Madam,

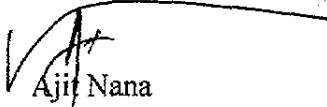
Please find herewith our Articles of Organization for a Florida Limited Liability Corporation that we would like to form for Avista Holdings, LLC.

Also, enclosed is our check for \$160.00 payable to Florida Department of State.

Kindly return the certified copy of recorded Articles and a Certificate of Status in the enclosed overnight mail return envelope.

Thank you in advance for your assistance on this matter, and if you have any questions, please do not hesitate to contact me at (407) 581-9000, ext. 400 or via e-mail [ajitnana@msn.com](mailto:ajitnana@msn.com)

Yours in Hospitality,  
Avista Holdings, LLC

  
Ajit Nana  
Senior Vice President

cc: Anil Valbh

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **Avista Holdings, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
5353 Conroy Road, Suite 200  
Orlando, FL 32811

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

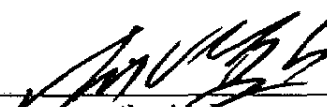
The name and the Florida street address of the registered agent are:

Anil Valbh  
5353 Conroy Road, Suite 200  
Orlando, FL 32811

*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.*

  
\_\_\_\_\_  
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.)

  
\_\_\_\_\_  
Anil Valbh