

L03000039361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

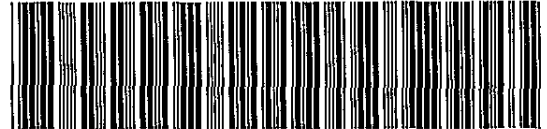
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300023499313

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BK

RECEIVED  
03 OCT 14 PM 4:46  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
FILED  
03 OCT 14 AM 8:43



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(850) 681-6528

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October 14, 2003

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Key West Hospitality Center, LLC

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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OCT 14 AM 8:43  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: KEY WEST HOSPITALITY CENTER, LLC

**ARTICLE II - Address:**

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

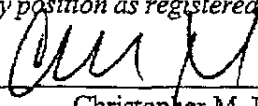
Principal Office Address: Mailing Address: 1428 Brickell Avenue, 8<sup>th</sup> Floor, Miami, Florida 33131

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

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

Christopher M. David, Esq.  
1428 Brickell Avenue, 8<sup>th</sup> Floor  
Miami, Florida 33131

*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..*

  
\_\_\_\_\_  
Christopher M. David

**ARTICLE IV- Manager(s) or Managing Member(s):**

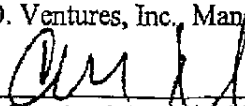
The name and address of each Manager or Managing Member is as follows:

**MGRM:**

CAROLINE STREET PROPERTIES, LLC  
By E.M.D. Ventures, Inc., Managing Member  
15640 S.W. 86<sup>th</sup> Avenue  
Miami, Florida 33157

**CAROLINE STREET PROPERTIES, LLC**

By: E.M.D. Ventures, Inc., Managing Member

By:   
\_\_\_\_\_  
Christopher M. David, Vice President  
Date: October 14, 2003

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CLERK OF DISTRICT COURT  
MIAMI, FLORIDA