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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: East/West Hotel, LLC		
(Name of Limited Liability Co	mpany)	
The enclosed Articles of Organization and fee(s) are submitted for f	Iling.	
Please return all correspondence concerning	g this matter to the following:	
William L. Thompson, Jr.		
(Name of Person	n)	
William L. Thompson, Jr., P.A.		
(Firm/Company	)	
1590 Island Lane, Suite 26 (Address)		
(Aumess)		
Fleming Island, Florida 32003 (City/State and Zip C	G. J.	
(City/State and Zip C	Code)	
For further information concerning this matter, please call:		
William L. Thompson, Jr. at ( 904	269.4841	14:
(Name of Person) (Area C	Code & Daytime Telephone Number)	
	12	유당
	269.4841 Code & Daytime Telephone Number)  PH 22  P	THE CORPORATIONS
	12: 2	25 E
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	7 2/2

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
East/West Hotel, LLC	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1590 Island Lane, Suite 26	1590 Island Lane, Suite 28
Fleming Island, Florida 32003	Fleming Island, FL 32003
ARTICLE III - Registered Agent, Registered O The name and the Florida street address of the regi  William L. Thompson, Jr.  Name  1590 Island Lane, Suite 26  Florida street address (P.O. B	stered agent are:  -2 PH I2: 29
Fleming Island, City, State, and	FLORIDA 32003 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	D. Keith McFall  One Leadership Square, 12 Fl, 211 N. Robinson Oklahoma City, OK 73102
MGR	John W. O'Connor  1590 Island Lane, Suite 28 Fleming Island, FL 32003
(Use attachment if necessary)	
NOTE: An additional article mu	est 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.)

D. Keith McFall, Manager

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)