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To:

Division of Corporations

Fax Number

: (850)205-0383

Prom:

Account Name

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number Phone : 075350000353 : (212)431-5000

Fax Number

(212)431-1441

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LIMITED LIABILITY COMPANY

509 ISLE OF CAPRI, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is: 509 ISLE OF CAPRI, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: c/o HSBC Guyerzeller Bank SA, Genferstrasse 8, 8027 Zurich, Switzerland

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

The name and the Florida street address of the registered agent are: BlumbergExcelsior Corporate Services, Inc., 4435 Old Winter Garden Road, 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.

BlumbergExcelsior Corporate Services, Inc. Registered Agent

Marc Moel, Assistant Secretary

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Signature of a member or an authorized representative of a member.

Mr. Georges Rayroux, Member

(In accordance with section 608.408 (3), Florida Statutes, the execution of the document constituents an affirmation, under the penalties of perjury that the facts stated herein are true.) BlumbergExcelsior Corporate Services, Inc. 62 White Street, New York, 10013

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