

L04000090476

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

A.L.M.A. Four LLC

Certificate of Status	1
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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **A.L.M.A. Four LLC**

ARTICLE II - Address

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

Principal Office Address:**428 Proffitt Road****Gatlinburg, TN 37738****Mailing Address:****428 Proffitt Road****Gatlinburg, TN 37738****ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Mariela Alvarez

Name

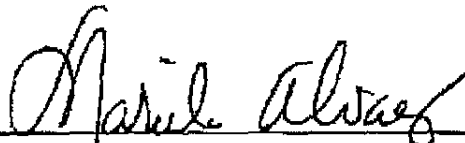
3331 SW 16 Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Miami, FL 33145

(City / State / 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.



Registered Agent's Signature - Mariela Alvarez

14 AUG 02

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

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

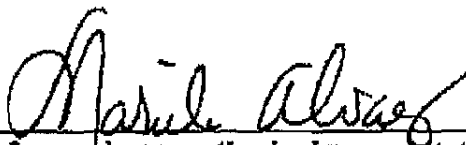
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMLydia Moreno- 3331 SW 16 Lane, Miami, FL 33145MGRMMariela Alvarez- 3331 SW 16 Lane, Miami, FL 33145MGRMAida Vichot- 3635 SW 5 Terrace, Miami, FL 33135MGRMAida Molinet- 3661 SW 7 Street, Miami, FL 33135

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Lydia Moreno

Typed or printed name of signee

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