

FEB-16-2005 14:50

305 933 5535

305 933 5535

P.01

Page 1 of 1

L05000016396

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000040168 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TURNBERRY ASSOCIATES
Account Number : I19990000201
Phone : (305) 933-5505
Fax Number : (305) 933-5535

RECEIVED

05 FEB 16 PM 3:31

VISION OF CORPORATION

LIMITED LIABILITY COMPANY

Fontainebleau Resorts, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

FEB 17 2005

H050000401083

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FONTAINEBLEAU RESORTS, LLC**ARTICLE II - Address:**

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

Principal Office Address:19501 Biscayne Blvd.Suite 400Aventura, FL 33180**Mailing Address:**19501 Biscayne Blvd.Suite 400Aventura, FL 33180**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Mario Romine

Name

19501 Biscayne Blvd., Suite 400Florida street address (P.O. Box NQT acceptable)Aventura,FLORIDA 33180

City, State, and 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

H050000401083

FILED
2005 FEB 16 AM 10:02
DAVIDSON COUNTY, ALABAMA
CLERK OF THE CIRCUIT COURT

FEB-16-2005 14:58

305 933 5535

305 933 5535 P.03

H050000401683

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:

MGRM

Jeffrey Soffer

19501 Biscayne Blvd., Ste. 400
Aventura, FL 33180

MGRM

MGRM

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Mario A. Romine

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.)

MARIO A. ROMINE / AUTHORIZED SIGNER

Typed or printed name of signer

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)

H050000401683

FILED
2005 FEB 16 AM 10:02
CLERK OF COURTS
TALLAHASSEE, FLORIDA