

**L060000000018**

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.

((H05000294506 3)))

EFFECTIVE DATE  
1/01/06

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

RECEIVED

05 DEC 30 AM 9:24

DIVISION OF CORPORATIONS

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

From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

1/13/06

*This organization will start operating on January 1st, 2006*

**LIMITED LIABILITY COMPANY**

**CRUISE HOTEL MANAGEMENT, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC 30 AM 8:09

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

*105 000 294 506 3.*

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

**CRUISE HOTEL MANAGEMENT, LLC.**

**EFFECTIVE DATE**  
*11/01/06*

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**CRUISE HOTEL MANAGEMENT, LLC.**

**ARTICLE II - ADDRESS**

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

**9053 SW 214 ST  
MIAMI, FL. 33189**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

**FLYNN P. MCCARTHY**

**9053 SW 214 ST**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33189**

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, F.S..

  
**REGISTERED AGENT'S SIGNATURE**

SECRET  
STATE  
TALLAHASSEE, FLORIDA

05 DEC 30 AM 8:09

APPROVED  
AND  
FILED

**BERRIZ & GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300**

*105 000 294 506 3.*

*H05 000 294 5063*

**ARTICLE IV- MANAGEMENT**

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

**FLYNN P. MCCARTHY**  
9053 SW 214 ST  
MIAMI, FL. 33189

**MANAGER**

**HILARIO LIM**  
9053 SW 214 ST  
MIAMI, FL. 33189

**MANAGER**

**HUGO HERNANDEZ**  
9053 SW 214 ST  
MIAMI, FL. 33189

**MANAGER**

**MARK NOEL C. CRUZ**  
9053 SW 214 ST  
MIAMI, FL. 33189

**MANAGER**

**VIRGILIO I. PATALINGHUG**  
9053 SW 214 ST  
MIAMI, FL. 33189

**MANAGER**

(An additional article must be added if an effective date is requested)

*[Signature]*

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.)

**FLYNN P. MCCARTHY**

Typed or printed name of signee

**THIS ORGANIZATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2006**

*H05 000 294 5063*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC 30 AM 8:09

APPROVED  
AND  
FILED