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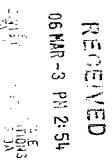
		,
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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OR SERVICE COMPANY.	
ACCOUNT NO. : 072100000032	
REFERENCE: 900149 4702925	
AUTHORIZATION: Spullelenan	
COST LIMIT : \$ 125.00	155 C
ORDER DATE: March 3, 2006	E FLORIE
ORDER TIME : 2:20 PM	0,
ORDER NO. : 900149-010	
CUSTOMER NO: 4702925	
DOMESTIC FILING	
NAME: UNIVERSITY PARK LODGING II, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	-
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Matthew Young - EXT. 2962	
EXAMINER'S INITIALS:	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	;
University Park Lodging II, LLC	
(Must and with the words "Limited Liebility Company, "Limited Liebility Company, "Limited Liebility Company,"	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Princinal Office Address:	Mailing Address:
8441 Cooper Creek Boulevard	same
University Park, Florida 34201	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an ective Modda registration.)	d Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
David H. Baldauf	
Name	A CONTRACTOR OF THE PARTY OF TH
8441 Cooper Creek Bo	ulevard
Florida street ad	idress (P.O. Box NOT acceptable)
University Park	FL
City, State,	and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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.,

> (CONTINUED) Page 1 of 2

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	Name and Address:
"MGRM" = Managing Member	
MGR	David H. Baldauf
	8441 Cooper Creek Boulevard
	University Park, Florida 34201
MGR	Ronald Benderson
	570 Delaware Avenue
	Buffalo, New York 14202
(Use attachment if necessary)	
•	
ICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
i circonne dute is histed, the dute must p	e specific and cannot be more than five business days prior
90 days after the date of filing.)	
<u>REQUIRED</u> SIGNATURE:	
	~ · · · ^
Caril HI	Enthan \
Signature of a member	er or an authorized representative of a member

Filing Fees:

5125.00 Miling Fee for Articles of Organization and Designation of Registered Agent \$ 30,00 Certified Copy (Optional) \$ 5,00 Certificate of Status (Optional)

David H. Baldauf

that the facts stated herein are true.)

Typed or printed name of signee