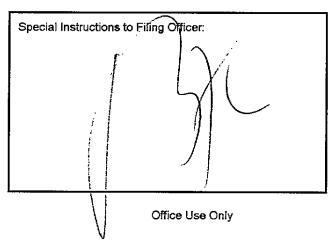
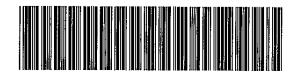
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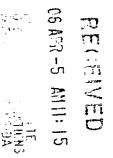
(Requestor's Name)
(Address)
(Address)
(Address)
(O') (O) (F' (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status





900068811239

FILED 2006 APR-5 PH 12: 56 SECRETASSEE, FLORIDA





ACCOUNT NO. : 072100000032

REFERENCE: 964247 711575

AUTHORIZATION : _

COST LIMIT : \$/\30.00

ORDER DATE: April 5, 2006

ORDER TIME : 9:40 AM

ORDER NO. : 964247-005

CUSTOMER NO: 7115758

DOMESTIC FILING

NAME: DECHIARO RESORT HOLDINGS II,

LLC

XX __ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: DECHIARO RESORT HOLDINGS II, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 1201 Hays Street 1201 Hays Street Tallahassee, FL 32301 Tallahassee, FL 32301 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name

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..

City, State, and Zip

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

FL 32301

Corporation Service Company

1201 Hays Street

Tallahassee

By: Delicat D Skipper
Registered Agent's Signature (REQUIRED) Deborah D. Skipper
Asst. V. Pres

(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:

		Name and Address:
"MGR" = Mar		
"INIGKINI" = IV.	lanaging Member	
MGR		Bonnie Perlow
		1829 Reisterstown Road, Suite 380
		Baltimore, Maryland 21208
		
(Use attachme	nt if necessary)	
LE V: Effective date is days after the	ve date, if other than the	date of filing: (OPTIONAL e specific and cannot be more than five business day
LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	
LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penaltics of perjury
LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document const	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penaltics of perjury herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)