

106000051384

Florida Department of State
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Fax Number : (850)205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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*please check in
this - date for 5/22/06*

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2006 MAY 22 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCALA INN & SUITES, LLC

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CT CORP

PAGE 02/03

TRANSMISSION VERIFICATION REPORT

TIME : 05/22/2006 15:28
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DATE, TIME
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05/22 15:27
2050383
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Division of Corporations
Fax Number : (850) 205-0393

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OCALA INN & SUITES, LLC

FILED
2006 MAY 22 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Ocala Inn & Suites, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Managing Member is Daniel A. Klingerman, 1500 Sycamore Road, Montoursville, PA 17754

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 22

2006

Signature of a member or authorized representative of a member

Jack F. Hurley, Jr., Esquire

Typed or printed name of signer

Filing Fee: \$325.00
Certified Copy: \$30.00 (optional)

CRZE062 (08/05)

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TALLAHASSEE, FLORIDA

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2006 MAY 17 A 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ocala Inn & Suites, 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:

Principal Office Address:Mailing Address:1500 Sycamore Road
Montoursville, PA 17754

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:

CT Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation, Florida 33324

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.

CT Corporation System

Margaret E. Routzahn
Registered Agent's Signature (REQUIRED)

MARGARET E. ROUTZAHN

Special Assistant Secretary

(CONTINUED)

Page 1 of 2

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2006 MAY 17 A 11:07

ARTICLE IV- Manager(s) or Managing Member(s):
 The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Title:Name and Address:

"MGR" = Manager

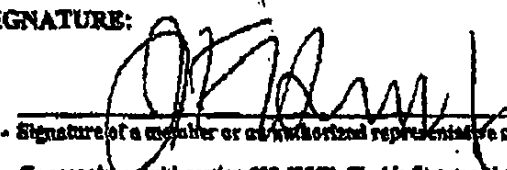
"MGRM" = Managing Member

MGRMLoeshorn Partners, LP1300 Bysanora RoadHontoureville, PA 17734

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED 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.)

Jack F. Hurley, Jr., Esquire

Typed or printed name of signer

Filing Fees

\$115.00 Filing Fee for Articles of Organization and Designation
 of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)