

LOG000070690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

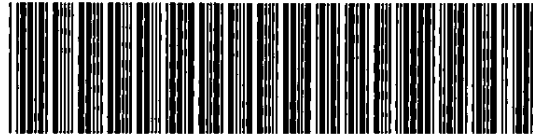
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06 JUL 17 AM 10:36
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DIVISION OF CORPORATIONS

FILED
2006 JUL 17 PM 12:26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 242190 11663B

AUTHORIZATION :

Spubh Hotels

COST LIMIT : \$ 180.00

FILED
2006 JUL 17 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 17, 2006

ORDER TIME : 9:09 AM

ORDER NO. : 242190-025

CUSTOMER NO: 11663B

DOMESTIC FILING

NAME: SHUBH HOTELS TAMPA MANAGEMENT,
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHUBH HOTELS TAMPA MANAGEMENT, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C.," 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:

701 NW 53 Street
Boca Raton, Florida
33487

Mailing Address:

701 NW 53 Street
Boca Raton, Florida
33487

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:

Jane C. Rankin, Esq.

Name

KUBICKI DRAPER, One East Broward Blvd., Suite 1600

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

Fort Lauderdale FL 33301

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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:

MGR

Atul Bisaria

701 NW 53 Street

Boca Raton, Florida 33498

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Atul Bisaria

Typed or printed name of signer

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)