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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only

AUTHORIZATION BY PHONE TO

CORRECT LA Gate to be 10/10/06

DATE 10/10/06 @ 2:36 pm

WOLD-34682 WBRYAN MIC - 7 2006

J. BRYAN OCT 1 1 2006



August 7, 2006

CARLOS MOLINARI AMERICAN CONDO HOTEL GROUP, LLC 121 S.E. 1ST STREET MIAMI, FL 33131

SUBJECT: AMERICAN CONDO HOTEL GROUP, LLC

Ref. Number: W06000034682

We have received your document for AMERICAN CONDO HOTEL GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Effective date can't be before 07/29/06,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 406A00049053

Joey Bryan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Ame	CRICAN CONTO	HOTEL PA	oup, hee
<u></u>	(Name of Limite	d Liability Company	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	CANIOS	Name of Person)	<i>i</i>
Amer	RICAN CONDO	HOTEL JAO Firm/Company)	up, Lhe
		•	
	10/0/2	(Address)	
	<i>a</i> //-	,	,
	(City	FL 3913 /	
For further information	concerning this matter, please	call:	
Parts 1	11:	Xn (20)	2 0011
(Name	of Person)	at (<u>JOV</u>) <u>JJJ</u> (Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
*	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	- ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Name:	
etern)			٠,

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

Dringing Affice Address

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

Mailing Address

1 Tincipal Office Additess.	William AMALOSSI
1215 E. 1 STREET MINNI, FL 33131	121 5.6.12 Frac
Muni, FL 3313/	Miami, FL 33/3/

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:

PDF GROUP HULDINGS, LLC

Name

121 5 6. 13 STAKET

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

Mami FL 33/3/

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member CANTON MOLNACI MGKM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: October 10, 2006. (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

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

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