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(Re	equestor's Name)
. (Ad	ddress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filling Officer
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Office Use Only



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ACCOUNT NO. : 072100000032 REFERENCE: 551554 4304312 AUTHORIZATION : ( COST LIMIT : ORDER DATE: October 24, 2006 ORDER TIME : 3:51 PM ORDER NO. : 551554-020 CUSTOMER NO: 4304312 DOMESTIC FILING NAME: JL KEY WEST II LLC EFFECTIVE DATE: XX \_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Denise Mick - EXT. 2950

EXAMINER'S INITIALS:

## ARTICLE I - Name: The name of the Limited Liability Company is: JL KEY WEST 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: Principal Office Address: Mailing Address: 49 Immigration, Suite 103 c/o J. Luzuriaga

49 Immigration, Suite 103 Charleston, SC 29403

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:

Charleston, SC 29403

Corporation S	Service Company
	Name
1201 Hays St	reet
	Florida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	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..

By: Longon'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:

"MGRM" = Ma	iger naging Member	Name and Address:
MGR		JL KEY WEST II MANAGER LLC, , a FL LLC
		49 Immigration, Suite 103
		Charleston, SC 29403
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(Use attachment LE V: Effective fective date is lis days after the d	date, if other than the	date of filing: (OPTION EXPECTION OF THE COPTION OF THE PROPERTY OF TH
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LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with sec	e specific and cannot be more than five business  or or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)