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

From: Account Name : FAS-T CORP. AGENTS, INC.
 Account Number : 071001002335
 Phone : (305) 599-0839
 Fax Number : (305) 716-0346

2006 DEC -7 A 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TELLURIDE MOUNTAIN LODGE LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TELLURIDE MOUNTAIN LODGE 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:

255 ALHAMBRA CIRCLE, SUITE 715
CORAL GABLES, FL 33134

Mailing Address:

SAME

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:

GEORGE F. VIÑA

Name


255 ALHAMBRA CIRCLE, SUITE 715

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

CORAL GABLES, FL 33134

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)

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ARTICLE IV- Manager(s) or Managing Member(s):

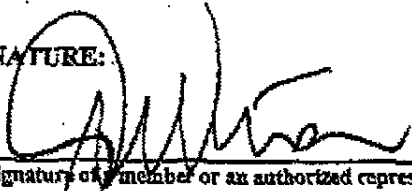
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>GEORGE F. VIÑA</u> <u>255 ALHAMBRA CIRCLE, SUITE 715</u> <u>CORAL GABLES, FL 33134</u>
<u>MGR</u>	<u>FRED D. BEGEMAN</u> <u>315 ALHAMBRA CIRCLE</u> <u>CORAL GABLES, FL 33134</u>
<u>MGR</u>	<u>JUAN CARLOS QUINTERO</u> <u>6111 S.W. 88 STREET</u> <u>MIAMI, FL 33143</u>

(Use attachment if necessary)

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

GEORGE F. VIÑA

Typed or printed name of signor

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 CLAIMS SECTION
 TALLAHASSEE, FLORIDA