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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

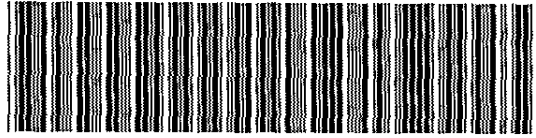
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DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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**CT Corporation System**

1203 Governors Square Blvd, Suite 101, Tallahassee 850-222-1092

MAR Pensacola, LLC

New Filing

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|---|---|--|
| <input type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                                  |
| <input type="checkbox"/> Nonprofit  |   |  |
| <input type="checkbox"/> Foreign  | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                                    |
|   | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership                                | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                                   |
| <input checked="" type="checkbox"/> LLC                                     | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA                 |
|   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                                     |
| <input checked="" type="checkbox"/> Certified Copy<br>At the time of filing | <input type="checkbox"/> Photocopies            | <input checked="" type="checkbox"/> CUS<br>At the time of filing |
| <input type="checkbox"/> Call When Ready                                    | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30                              |
| <input checked="" type="checkbox"/> Walk In                                 | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up                      |
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3/6/2007

AAM

Order#: 6869387 SO

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**CT Corporation System**

1203 Governors Square Blvd, Suite 101, Tallahassee 850-222-1092

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TALLAHASSEE FLORIDA

MAR Pensacola, LLC

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| <input type="checkbox"/> Profit   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                                  |
| <input type="checkbox"/> Nonprofit  |   |  |
| <input type="checkbox"/> Foreign  | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                                    |
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Name \_\_\_\_\_  
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3/6/2007  
  
AAM

Order#: 6869387 SO  
  
Ref#: \_\_\_\_\_  
  
Amount: \$ \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAR Pensacola, 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:**

701 St. George Road  
Danville, California 94526

**Mailing Address:**

701 St. George Road  
Danville, California 94526

**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 Road

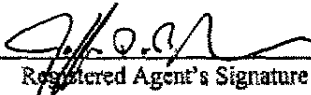
Florida street address (P.O. Box **NOT** acceptable)

Plantation, FL 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.*

**Jeffrey D. Butterfield**  
Assistant Secretary

  
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:

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TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Marvin A. Remmich

701 St. George Road

Danville, California 94526

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Marvin A. Remmich, Manager

Typed or printed name of signee

**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)