## L07000069347

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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SECRETARY OF STATE
TALLAHASSEE, FINANTE



ACCOUNT NO. : 072100000032
REFERENCE: 980082 7448543
AUTHORIZATION: Spelkelena Egil
COST LIMIT: \$ 130.00
ORDER DATE : July 3, 2007
ORDER TIME: 9:16 AM
ORDER NO. : 980082-005
CUSTOMER NO: 7448543
DOMESTIC FILING
NAME: COLONIAL LODGING, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 2956
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Colonial Lodging, LLC	The same of the sa
	Limited Company" or their abbreviation "LLC," or "L.C.")
ARTICLE II - Address:	25 7
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8441 Cooper Creek Boulevard	8441 Cooper Creek Boulevard
University Park, Florida 34201	University Park, Florida 34201
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
David H. Baldauf	
1	Name
8441 Cooper Creek Bouleve	
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
University Park	FL 34243
City, S	tate, 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 Me	mber
MGR	David H. Bałdauf
	8441 Cooper Creek Boulevard
	University Park, Florida 34201
	Wilder Country and the Country
	the state of the s
<del></del>	
(Use attachment if necessar	у)
RTICLE V: Effective date, if oth If an effective date is listed, the da o or 90 days after the date of filing	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior g.)
REQUIRED SIGNATUR	E:
W Signature	of a member or an authorized representative of a member.
(In accordance of this doc	ance with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	d H. Baldauf, Manager
Montaine de la companya de la compa	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)