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To:

Division of Corporations

Pax Number

: (850)617-6383

Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

Phone

(850) 222-1092

Fax Number

(050)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Palmetto Hospitality of Dania Beach HP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

10/16/2007

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ARTICLE I - Name: The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Paimetto Hospitality of Dania Boach HP, 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: 340 East Main Street, Suite 300 P.O. Box 1172 Spartanburg, SC 29302 Spartanburg, SC 29304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot save as its own Registered Agent. You must designate an individual or another business entity with an extite Florida registeration.)

The name and the Florida street address of the registered agent are:

C T Corporation System	.d., ≥
Name	2001 SEC
1200 South Pine Island Road	CRE OC
Florida atrest address (P.O. Box NOT acceptable)	
Plantation, Florida 33324	16 IARY
City, State, and Zip	me a
ed as registered agent and to accept service of process for the ab	

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 estatutes 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..

C Registered agent as provided for in Chapter 60.
C Recorporation System

Jennifer F. Autiman
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

PLUSZ - MENUS C Y Services Deline

9259878028 85:31 7002/81/01

ARTICLE IV- Manager(s) or Managing Meraber(s): The name and address of each Manager or Managing Member is as follows:

MOR	Palmetto Hospitality GM, LLC
THOSE TO SERVICE TO SE	340 Rest Main Street, Suite 300
	Spartenburg, SC 29302
•	
	
,	
Use attachment if necessary)	
.F. V: Riffective data if other tha	in the date of filing: (OPTION
ective date is listed, the date my	ust be specific and cannot be more than five business d

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalities of perjuty that the facts stated herein are true.)

Dan C. Brooden, Jr.

Typed or printed name of signes

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)

Page 2 of 2

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