

Division of Corporations Public Access System

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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JAN -9 PH 3: 17
CRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Palmetto Hospitality of Tamarac I, LLC

Certificate of Status	1	I A
Certified Copy	1 .	
Page Count	03	JAN 1
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Corporate Filing Menu

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CT CORPORATION SYSTM

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JA WISAS NOI.

ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED FLARILITY COMPANY

A TOTAL OF THE STATE OF THE STA	
ARTICLE I - Name: The name of the Limited Liability Con	npany is:
Palmetto Hospitality of Tamarac I, LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
A TOTAL TO MY A D.D	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
THE WATER COMMENS WITH SHOOT WITH COST	or me installer office of me Daires Discussive Actificity as
Principal Office Address:	Mailing Address:
240 E Main Sware	SAR D Bain Camas
340 E. Main Street	340 E. Main Street
State 300 Spartanburg, SC 29302	Spartanburg, SC 29302
apartationing, ac 25502	Spir Buoling, 5C 25302
business entity with an active Florida registration.) The name and the Florida street address	, ;
ст	Corporation System
	Name A
1200 5	South Pine Island Road $\frac{\pi}{2}$
Floride	a street address (P.O. Box NOT acceptable)
F	Plantation FL 33324
C	ity, State, and Zip
Having home would as applicated as a	nt and to accept service of process for the above stated limited
liahility company at the place design	nated in this certificate, I hereby accept the appointment as
	s capacity. I further agree to comply with the provisions of all
	mplete performance of my duties, and I am familiar with and
accept the obligations of my position	n as registered agent as provided for in Chapter 608, F.S
Ç.	T Corporation System
Dure St	marin
Registered Ages	nt's Signature (REQUIRED)
DA	ILT W. MORRIS NT VICE PRESIDENT
(C	CONTINUED)

FLitte - Q6/28/2007 C 1' System Online

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 Member Palmetto Hospitality GM, LLC -340 E. Main Street, Strite 300 Spartanburg, SC 29302 AS Fm --(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

yped 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)

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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