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SECRETARY OF STATE
TALL AHASSEE SLOBINA

## **COVER LETTER**

Division of Corporations
SUBJECT: Sandals Realty International, LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angela Florian
(Name of Person)
Sandals Realty International, LLC
(Firm/Company)
1567 Hayley Lane Suite 205
(Address)
Fort Myers, FL 33907
(City/State and Zip Code)
For further information concerning this matter, please call:
Angela Florian at 239 693-7263
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum_{\text{S130.00 Filing Fee}} \text{\$\sum_{\text{S155.00 Filing Fee}} & \$\sum_{\text{S160.00 Filing Fee}} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy} \\ (additional copy is enclosed)} \text{\$\text{Certified Copy} \\ (additional copy is e
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	; ;
Sandals Realty International, L	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1567 Hayley Lane Suite 205 Fort Myers, FL 33907	1567 Hayley Lane Suite 205 Fort Myers, FL 33907
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerest business entity with an active Florida registration.)	stered Agent. You must designate an individual another
The name and the Florida street address of the	registered agent are:
Angela Florian Name	AM T
1567 Hayley Lane	e Suite 205  Idress (P.O. Box NOT acceptable)
City, State,	
	accept service of process for the above stated limited this certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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..

## 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" = Mar "MGRM" = M	nager Janaging Member	
	anagnig memoer	
MGRM		David Fields
		4361 Cactus Avenue
		Sarasota,FL 34231
MGRM		Ernesto Rijavec
•		1567 Hayley Lane Suite 205
		Fort Myers, FL 33907
MGRM		Angela Florian
		1567 Hayley Lane Suite 205
		Fort Myers, FL 33907
	<del></del>	
(Use attachme	nt if necessary)	
CLE V: Effective	ve date, if other than th	ne date of filing: 2/7/2008 (OPTIONAL
effective date is	listed, the date must	be specific and cannot be more than five business days
0 days after the		•
REQUIRED :	SIGNATURE:	Fig. 0
		1 · 1 · 1 · EC BE
		AR 8
		ASA I
	Signature of a mem	ber dran authorized representative of a member.
	(In accordance with s	section 608.408(3), Florida Statutes, the execution
		section 608.408(3), Florida Statutes, the execution
	of this document con	stitutes an affirmation under the penalties of perjury
		istitutes an affirmation under the penalties of perjury therein are true.)
	of this document con	stitutes an affirmation under the penalties of perjury

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)