L080W023831

| (Requesto | or's Name) |
|--------------------------------|------------------------|
| (Address) | · · |
| (Address) | , |
| (City/State | e/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| (Documer | nt Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing | Officer: |
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| | |

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B. KOHR MAR 7 2008

EXAMINER





ACCOUNT NO. : 072100000032 REFERENCE: 475901 7119733 AUTHORIZATION : COST LIMIT : ORDER DATE: March 6, 2008 ORDER TIME : 8:40 AM ORDER NO. : 475901-010 CUSTOMER NO: 7119733 DOMESTIC FILING SUNSPREE BUENA VISTA, LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX ___ CERTIFIED COPY PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS:

| | A Garage and Annual |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARTICLES OF ORGANIZATION FOR FLOR | Company, "L.L.C.," or "LLC.") |
| ARTICLE I - Name: | |
| The name of the Limited Liability Company is: | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| | 5/2 2 H |
| Sunspree Buena Vista, LLC | |
| (Must end with the words "Limited Liability C | ompany, "L.L.C.," or "LLC.") |
| | 92.7 |
| ARTICLE II - Address: The mailing address and street address of the principal address. | inal office of the Limited Liability Company is: |
| The manning additions and direct addition of the printer | gar strict of the Similar Statement |
| Principal Office Address: | Iailing Address: |
| c/o/Vista Property Management, LLC | /o Vista Property Management, LLC |
| | -8 Hawley Street |
| | Binghampton, NY 13901 |
| ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) | Tice, & Registered Agent's Signature: Agent. You must designate an individual or another |
| The name and the Florida street address of the regis | stered agent are: |
| Corporation Service Comp | anv |
| Name | |
| 1201 Hays Street | |
| Florida street address | (P.O. Box NOT acceptable) |
| Tallahassee Fi | 32301 |
| City, State, and 2 | |
| Having been named as registered agent and to accellability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered. | certificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and |
| Corporation Service Com BY: Registered Agent's Signature (| The Land |
| | <u>.</u> |
| lanet Budhu, Asst. | Vice rresident |

(CONTINUED)
Page 1 of 2

| <u>Title:</u> | Name and Address: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MGR" = Manager "MGRM" = Managing Me | ember |
| MGRM | Amin S. Visram |
| | c/o Vista Hospitality Co. Canada Inc. |
| | 73 King Street West, Kitchener, ON N2G |
| MGRM | Ally Visram |
| | .c/o Vista Property Management, L.I.C. 2-8 Hawley St., Binghampton, NY 13901 |
| ··· | |
| | |
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| | |
| Also attachment if necessi | and) |
| (Use attachment if necessi | • |
| CLE V: Effective date, if of | ner than the date of filing: (OPTIONAL |
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| CLE V: Effective date, if of | ner than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days ag.) |
| CLE V: Effective date, if other of the defective date is listed, the dod days after the date of filing the detection of the d | ner than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days ag.) |
| CLE V: Effective date, if other effective date is listed, the dot days after the date of filing required SIGNATURE Signature (In accordant of this do | ner than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days ag.) RE: I of a member or an authorized representative of a member. I ance with section 608.408(3), Florida Statutes, the execution number to onstitutes an affirmation under the penalties of perjury |
| CLE V: Effective date, if of offective date is listed, the dold days after the date of filing REQUIRED SIGNATURES Signature (In according to that the | ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days ag.) RE: of a member of an authorized representative of a member. Hence with section 608,408(3), Florida Statutes, the execution |

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