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To:

Division of Corporations

Fax Number : (850)617-6383

From: Rosa Wong, Paralegal
Account Name : AKERMAN SENTERFITT (MIAMI)

Account Number: 075471001363 Phone

: (305)374-5600

Fax Number

: (305)374-5095

LORIDA/FOREIGN LIMITED LIABILITY CO.

SKYPORT HOTELS RE, LLC

Certificate of Status	0
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EXAMINES.

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ARTICLES OF ORGANIZATION OF SKYPORT HOTELS RE, LLC

ARTICLE 1: - Name

The name of the Limited Liability Company is SKYPORT HOTELS RE, LLC

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

1065 Kane Concourse Suite 201 Bay Harbor Island, FL 33154

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Robert Finvarb Companies, LLC 1065 Kane Concourse Suite 201 Bay Harbor Island, FL 33154

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 uct 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.

Robert Finvarb Companies, LLC

Name: Robert Finvarb

Title: Managing Member

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

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ARTICLE V: - Manager(s) or Managing Member(s)

The name and address of each Manager is as follows:

MGRM

Robert Finvarb

1065 Kane Concourse

Suite 201

Bay Harbor Island, FL 33154

Robert Finvarb, Authorized Representative of the Sole Member

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

Robert Finvarb

Typed or printed name of signee

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