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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

STATEWIDE HOTELS & RESTAURANTS ORG, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

A. LUNT
JUL 11 2008
EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

STATEWIDE HOTELS & RESTAURANTS ORG, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

STATEWIDE HOTELS & RESTAURANTS ORG, LLC.

ARTICLE II - ADDRESS

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

**14820 SW 139 AVE
MIAMI, FL. 33186**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

EDUARDO A. BURGOS

14820 SW 139 AVE

Florida street address (P.O.BOX NOT acceptable)

**MIAMI, FL. 33186
City, State, and Zip**

**CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

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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 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..



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

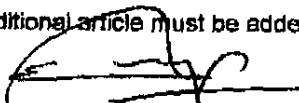
EDUARDO A. BURGOS
14820 SW 139 AVE
MIAMI, FL. 33186

MANAGER

JULISSA V. BURGOS
14820 SW 139 AVE
MIAMI, FL. 33186

MANAGER

(An additional article must be added if an effective date is requested)



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 that the facts stated herein are true.)

EDUARDO A. BURGOS

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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