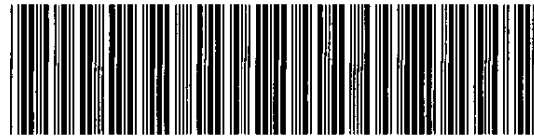


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08/22/08--01017--023 **130.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

SEP 11 2008

EXAMINER

~~WDF-31616~~

Office Use Only

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TALLAHASSEE FLORIDA

Albert Cazin, P.A.
Attorney at Law
Personal Injury, Probate and Real Property

2525 Park City Way
Tampa, Florida 33609

August 19, 2008

(813) 876-4190
(813) 876-4570 Fax

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: HPT Hamptons Private Tennis, LLC

Gentlemen:

Enclosed please find original and copy of Articles of Organization for HPT Hamptons Private Tennis, LLC, together with cover letter and check for \$130.00 covering filing fee and certificate of status.

Should you require anything further, please do not hesitate to contact my office.

Sincerely,


ALBERT CAZIN

AC/md

Enclosure

cc: Juan Diaz

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HPT Hamptons Private Tennis, 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:

Albert Cazin

(Name of Person)

Albert Cazin, P.A.

(Firm/Company)

2525 Park City Way

(Address)

Tampa, Fl. 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Albert Cazin

(Name of Person)

at (**813**) **876-4190**
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2008

ALBERT CAZIN
2525 PARK CITY WAY
TAMPA, FL 33609

SUBJECT: HPT HAMPTONS PRIVATE TENNIS, LLC
Ref. Number: W08000039696

We have received your document for HPT HAMPTONS PRIVATE TENNIS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 408A00047447

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HPT Hamptons Private Tennis, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Mr. Juan Diaz
68 Leeton Road
Amagansett, NY 11930

Mr. Juan Diaz
2461 Palm Dr.
Tampa, FL 33629

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Albert Cazin

Name

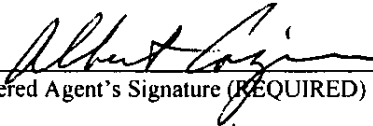
2525 Park City Way

Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33609

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

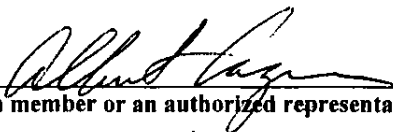
Name and Address:

MGR	Mr. Juan Diaz P.O. Box 1012 Amagansett, NY 11930

(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 that the facts stated herein are true.)

Albert Cazin

Typed 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)

\$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE FLORIDA