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| Certified Copies <u>Section</u> Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: | Registration Division of C | | | |
|---------|---|---|---|--|
| SUBJE | ECT: | HAMPT | ON INN BEACHSID | E |
| | | Name of Limit | ed Liability Company | |
| The en | closed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please | return all corres | spondence concerning this mat | ter to the following: | |
| | *************************************** | M. RAN | DOLPH MCHENRY | |
| | | | Name of Person | |
| | <u> </u> | | Firm/Company | |
| | | 1320 S. | RIVERSIDE DRIVE | |
| | | | Address | |
| | | | RNA BEACH, FL 32168 | |
| | | | y/State and Zip Code | and the second s |
| | | mcheni | ry1037@yahoo.com for future annual report notification | DOCT AND CT |
| | | • | • | Y AM G |
| For fur | ther information | n concerning this matter, please | e call: | 334-9917 S |
| | RAND | Y MCHENRY | at (714) | 334-9917 🚟 🖫 |
| | | e of Person | Area Code & Daytime T | 334-9917 Pelephone Number 9 |
| Enclos | sed is a check t | 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center | ons |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company | v is: | |
|---|---|-----------------------------------|
| HAMPTON INN B (Must end with the words "Limited L | BEACHSIDE, LLC Liability Company," "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | e principal office of the Limited Liability Com | npany is: |
| Principal Office Address: | Mailing Address: | |
| 1320 S. RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 | 1320 S. RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 | |
| | ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another | \$ 10 May 2007 |
| The name and the Florida street address of the | he registered agent are: | 2 3. 0.000, mg. 14.000, mg. |
| M. RANDOL | PH MCHENRY | green Tree |
| Na | ame The Co | |
| 1320 S. RIVE | ERSIDE DRIVE | |
| Florida street address (F | P.O. Box NOT acceptable) | ì |
| NEW SYMRNA BE | ACH, FL 32168 | |
| | te, and Zip | |
| - | te, and Zip | J 1224 J |

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 (REQURED)

(CONTINUED)

Page 1 of 2

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" = Manager | M 1 . |
| "MGRM" = Managin | 3 Member |
| MGR | M. RANDOLPH MCHENRY |
| | 1320 S. RIVERSIDE DRIVE |
| | NEW SMYRNA BEACH, FL 32168 |
| MGRM | OUADONIA MOUENDY |
| IVIGRIVI | SHARON M. MCHENRY |
| | 1320 S. RIVERSIDE DRIVE |
| | NEW SMYRNA BEACH, FL 32168 |
| | |
| | |
| | |
| | |
| | ************************************** |
| | |
| (Use attachment if nec | (vresser |
| (Obe attachment if not | residuity) |
| FICLE V: Effective date, | if other than the date of filing: <u>DATE OF FILING</u> . (OPTIONAL) |
| n effective date is listed, t | he date must be specific and cannot be more than five business days p |
| r 90 days after the date of | filing.) |
| | |
| REQUIRED SIGNA | TURE: |
| | |
| <u> </u> | The state of the s |
| Sign | ature of a member or an authorized representative of a member. |
| (In a | ccordance with section 608.408(3), Florida Statutes, the execution |
| of the | his document constitutes an affirmation under the penalties of perjury, the facts stated herein are true.) |
| utat | the facts stated herein are true. |
| | M. RANDOLPH MCHENRY |
| Filing Fees: | Typed or printed name of signee |
| Linns Lees: | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)