

L100000 22624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

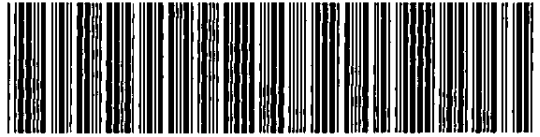
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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EXAMINER

SEGEL, GOLDMAN, MAZZOTTA & SIEGEL, P.C.

Attorneys and Counselors at Law

9 WASHINGTON SQUARE
ALBANY, NEW YORK 12205

TELEPHONE: (518) 452-0941
FAX: (518) 452-0417

Kay Warnt
kay@sgmalbany.com

February 22, 2010

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

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TALLAHASSEE, FLORIDA

Re: ST. LUCIE HOSPITALITY MANAGEMENT, LLC

Dear Sir/Madam:

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Thomas G. Mazzotta, Esq.
Segel, Goldman, Mazzotta & Siegel, P.C.
9 Washington Square
Albany, New York 12205

For further information concerning this matter, please call:

Kay Warnt at 518/452-0941

Enclosed is a check in the amount of \$155.00 representing payment of the filing fee and one certified copy.

Very truly yours,

SEGEL, GOLDMAN, MAZZOTTA & SIEGEL, P.C.



Kay Warnt, Legal Assistant

/kw

Enclosures

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ST. LUCIE HOSPITALITY MANAGEMENT, LLC

ARTICLE II - Address:

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

302 Washington Avenue Extension, Albany, New York 12203

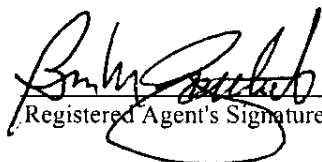
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

(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:

Bruce M. Gottlieb, Esq.
Gottlieb & Gottlieb
125 North 46th Avenue
Hollywood, FL 33021-6601

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)

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:

Member _____

EQUINOX AT TRADITION, L
Solar Associates, Inc., Member
116 Wolf Road
Albany, New York 12205

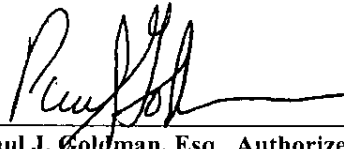
Member _____

BBL AT TRADITION, LLC
SWF, L.P., Member
302 Washington Avenue Extension
Albany, New York 12203

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TALLAHASSEE, FLORIDA

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:



Paul J. Goldman, Esq., Authorized Representative of
EQUINOX AT TRADITION, LLC

(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.)

Paul J. Goldman, Esq.

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)