#### Florida Department of State

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### FLORIDA LIMITED LIABILITY CO.

Twins Hospitality, LLC

Certificate of Status	ı
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

# FILED

## ARTICLES OF ORGANIZATION OF TWINS HOSPITALITY, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. <u>NAME</u>. The name of the Limited Liability Company is TWINS HOSPITALITY, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 6800 Broken Sound Parkway, Suite 200, Buca Raton, Florida 33487.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these articles of Organization, is: Tim Wells, 6800 Broken Sound Parkway, Suite 200, Boca Raton, Florida 3482.

The undersigned has executed these Articles of Organization on the

± 1 day, EMarã

2010.

By: Wells Althorized Concentrative

RM:72203491

### CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Twins Hospitality, LLC.
- 2. The name and address of the registered agent and office is:

Tim Wells
6800 Broken Sound Parkway, Suite 200
Boca Raton, Florida 33487

thaving 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 its 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.

Tran-Wells, Registered Agent

(Date)

RM 722034811