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

From: Account Name : BETH E. LINZNER, P.A.
Account Number : I20030000140
Phone : (561) 999-9300
Fax Number : (561) 999-9400

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FLORIDA LIMITED LIABILITY CO.
COURTYARD OPS LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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D. BRUCE

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**ARTICLES OF ORGANIZATION
FOR
COURTYARD OPS LLC**

ARTICLE I - NAME

The name of the limited liability company is: COURTYARD OPS LLC.

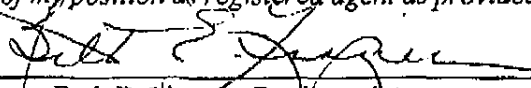
ARTICLE II - ADDRESS

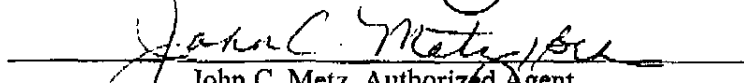
The mailing address and street address of the principal office of the limited liability company is:
1750 N. Mango Road – Suite 105, West Palm Beach, Florida 33409.

ARTICLE III- REGISTERED AGENT

The name and the Florida street address of the registered agent is: Beth E. Linzner, 2295 N.W. Corporate Blvd., Suite 235, Boca Raton, Florida 33431.

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.


Beth E. Linzner, Registered Agent


John C. Metz, Authorized Agent

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

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