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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

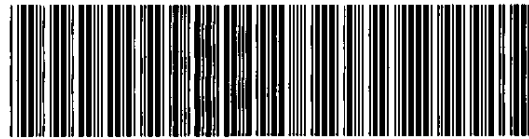
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Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES  
**RICHARD B. SCHREIBSTEIN, LLC**  
40 CORPORATE CENTER  
10480 LITTLE PATUXENT PARKWAY  
SUITE 800  
COLUMBIA, MARYLAND 21044  
PHONE (443) 276-1818  
FAX (443) 276-1823

**Michael A. Schreiberstein**  
*Legal Assistant*

DIRECT DIAL (443)276-1822  
E-mail: [mike@rbslaw.net](mailto:mike@rbslaw.net)

August 10, 2010

Via Overnight Delivery

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

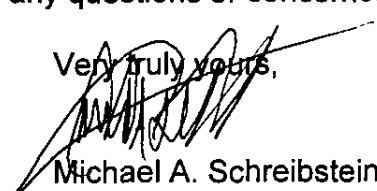
Re: Collins Hospitality, LLC

Dear Sir or Madam:

Enclosed please find an executed copy of the Articles of Organization for Collins Hospitality, LLC along with a check in the amount of \$130.00 for the applicable filing fee & certificate of status.

We would appreciate if you can return a copy of the filing confirmation to my attention. Please contact me with any questions or concerns.

Very truly yours,

  
Michael A. Schreiberstein

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Collins Hospitality, 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:

Richard B. Schreiberstein, Esquire

Name of Person

Richard B. Schreiberstein, LLC

Firm/Company

40 Corporate Center, 10480 Little Patuxent Parkway, Suite 800

Address

Columbia, Maryland 21044

City/State and Zip Code

richard@rbslaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard B. Schreiberstein, Esquire

Name of Person

at ( 443 ) 276-1818

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Collins Hospitality, 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:

3785 NW 82nd Avenue

Suite 204

Miami, Florida 33166

#### Mailing Address:

7871 Belle Point Drive

Greenbelt, Maryland 20770

### 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:

Chirag Desai

Name

3785 NW 82nd Avenue, Suite 204

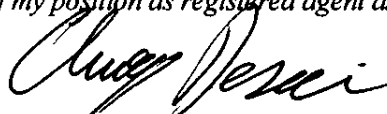
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33166

City, State, and Zip

FILED  
10 AUG 11 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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:**

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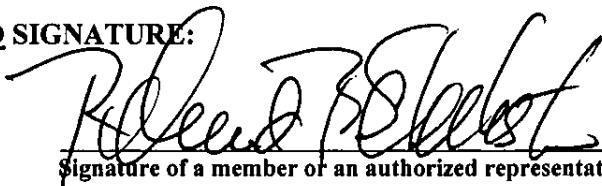
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(Use attachment if necessary)

**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.)

Richard B. Schreckstein, Authorized Representative

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)**