Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| P11 | Address: | | |
|--------|-----------|--|--|
| LILATI | ACCITORS: | | |

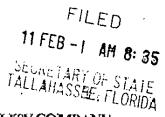


FLORIDA LIMITED LIABILITY CO. DOS CAMINOS FT. LAUDERDALE, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

COVER LETTER

| TO; | Registration Division of C | | | |
|---------|-------------------------------|--|---|---|
| SUBJE | ect: | DOS CAMI | IINOS FT. LAUDERDALE, LLC | |
| | | Name of Limit | led Liability Company | |
| The en | closed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please | return alt corres | pundence concerning this mat | itter to the following: | |
| | | M | AIRIAM BLEMUR | |
| | | | Name of Person | |
| | | MUCHNICH | k, golieb & golieb, p.C. | |
| | | | Firo/Company . | _ |
| | | 200 PARK A\ | VENUE SOUTH, SUITE 1700 | |
| | | | Address | |
| | | NEW YO | ORK, NEW YORK 10003 | |
| , | | | ity/State and Zip Code | |
| | | Harrail addressas (to business | for future gamus report notification) | |
| For fur | ther information | concerning this matter, please | • • • | |
| | MIRI | am blemur | at (212) 315-5575 | |
| | Nanx | of Person | at (212) 315-5575 Area Code & Daytime Telephone Number | |
| Enclos | sed is a check f | or the following amount: | | |
|]\$125. | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | | Maling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Cliftan Building 2661 Executive Center Circle | |



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liab | oility Company is: | |
|--|---|--------------------------------------|
| | CAMINOS FT. LAUDERDALE, LLC | |
| (Must end with th | e words "Limited Liability Company," "L.L.C | i," or "LLC.") |
| ARTICLE II - Address: The mailing address and street | at address of the principal office of | the Limited Liability Company is: |
| Principal Office Address: | Mailing Addr | ess: |
| U140 SEABRREZE BLVD. | C/O B.R. GUEST | LLC |
| FT LAUDERDALE, FL 33316 | 206 SPRING ST | REET. |
| | NEW YORK, N | ř 10012 |
| . ———————————————————————————————————— | C T Corporation System | |
| | Name 1200 South Pine Island Road | |
| ,,,, | | |
| Florid | da street address (P.O. Box <u>NOT</u> acceptat | ole) |
| ** *********************************** | Plantation FL 33324 | |
| • | City, State, and Zip | |
| liability company at the pi registered agent and agree to | ace designated in this certificate, I l act in this capacity. I further agree er and complete performance of my | to comply with the provisions of all |

(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 "MGRM" = Managing Member ıngrın BR GUEST, LLC 206 SPRING STREET NEW YORK, NEW YORK, 10012 (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.) MIRIAM BLEMUR Typed or printed name of signee Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)