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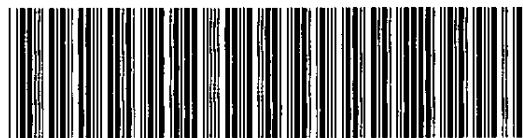
(Business Entity Name)

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B. KOHR

FEB - 2 2011

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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CONTACT: Kim Weidenbach

DATE: 2/2/11

REF. #: 002093.141877

CORP. NAME: NCG COCONUT GROVE HOTEL, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 538338 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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

**ARTICLE I  
Name**

The name of the Limited Liability Company is **NCG COCONUT GROVE HOTEL, LLC.**

**ARTICLE II  
Address**

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

**1111 Brickell Avenue, Suite 2600  
Miami, Florida 33131**

**ARTICLE III  
Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Carlos Corral  
1111 Brickell Avenue, Suite 2600  
Miami, FL 33131

*Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV  
Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE V  
Initial Board of Managers**

This Limited Liability Company shall have five (5) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Carlos Corral	1111 Brickell Avenue, Suite 2600 Miami, Florida 33131
Gregorio Gorriaran	1111 Brickell Avenue, Suite 2600 Miami, Florida 33131
Xavier Perez	1111 Brickell Avenue, Suite 2600 Miami, Florida 33131
Efrain C. Lopez	1111 Brickell Avenue, Suite 2600 Miami, Florida 33131
Dionisio Fernandez-Nespral	1111 Brickell Avenue, Suite 2600 Miami, Florida 33131

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

CARLOS CORRAL, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

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