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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

SLFL Associates 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:

Mailing Address:

Suburban Extended Stay South 1656 Wells Road Orange Park, FL 32073 c/o GF Management 435 Devon Park Dr., 500 Bidg. Wayne, PA 19087

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: | ALL A |
|--|---------|
| W. Bradley Munroe, Esquire | B- |
| Name | STE O L |
| 239 East Virginia Street | Ho HO |
| Florida street address (P.O. Box NOT acceptable) | |
| Tallahassee _{FL} 32301 | ORIDA |
| City, State, and Zip | T.A. |

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 femiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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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

MGRM

MGRM

Matthew S. Pica 435 Devon Park Drive, Building 500 Wayne, PA 19087

Name and Address:

Stan Glander 435 Devon Park Drive, Building 500 Wavne, PA 19087

(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:

hlu 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert Worthington, Jr., Authorized Person

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)

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