

L110000058922

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H11000134261 3)))



H11000134261 3ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : BETH E. LINZNER, P.A.
Account Number : I20030000140
Phone : (561) 999-9300
Fax Number : (561) 892-7920

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

Email Address: pmapes@myhotels.com

RECEIVED
11 MAY 18 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
3351 West Burleigh Boulevard, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

FILED
11 MAY 18 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAY 19 2011

EXAMINER

Fax Audit #: H11000134261 3

ARTICLES OF ORGANIZATION
FOR
3351 WEST BURLEIGH BOULEVARD, LLC

ARTICLE I - NAME

The name of the limited liability company is: 3351 WEST BURLEIGH BOULEVARD, 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, FL 33409.

ARTICLE III- REGISTERED AGENT

The name and the Florida street address of the registered agent is Paul Mapes, 1601 Belvedere Road
- Suite 407S, West Palm Beach, FL 33406.

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.


Paul Mapes, Registered Agent


John C. Metz, Authorized Representative

(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).

Fax Audit #: H11000134261 3

FILED
11 MAY 18 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA