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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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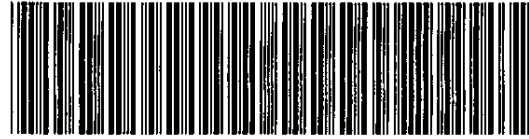
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D. BRUCE

JUL 14 2011

EXAMINER

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

July 12, 2011

VIA FEDERAL EXPRESS

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

Re: Lakeland Park Hospitality, LLC

Dear Sir or Madam:

Enclosed please find an executed copy of the Articles of Organization for Lakeland Park Hospitality, LLC along with a check in the amount of \$125.00 made payable to the Florida Department of State for the applicable filing fee.

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

Enclosure

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11 JUL 13 PM 3:37
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lakeland Park 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

at (443) 276-1818

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakeland Park 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

3759 NW 79th Avenue,

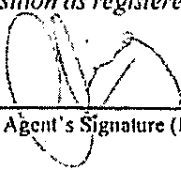
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33166

City, State, and Zip

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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:

MGRM

Amit N. Patel

7871 Belle Point Drive

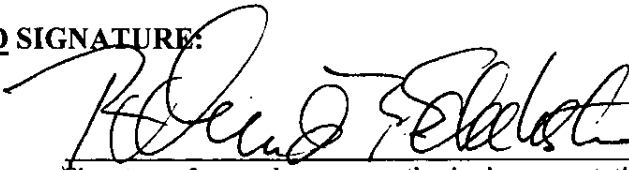
Greenbelt, Maryland 20770

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

Richard B. Schreiberstein, Esquire

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA