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(Re	equestor's Name)	
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800235121408 05/17/12--01003--005 **160.00

Effective Date 6/1/12

12 MAY 17 AM 10: 55

MAY 1 8 2012 T. HAMPTON

COVER LETTER

	Corporations
_{SUBJECT:} Epic	urean Hotel EB5 Fund, LLC
	Name of Limited Liability Company
The enclosed Articles	of Organization and fee(s) are submitted for filing.
	spondence concerning this matter to the following:
Dennis	B. Slater Name of Person
Epicure	an Hotel EB5 Fund, LLC
	Firm/Company
402 Kni	ghts Run Avenue
	Address
Tampa, F	I. 33602
	City/State and Zip Code
slater@lir	dellproperties.com E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
roi iuitilei iiiotiliati	in concerning this matter, please can.
Dennis B. Slat	at ()
Na	ne of Person Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:
\$125.00 Filing Fee	\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Effective Date 6/1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Epicurean Hotel EB5 Fund, 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:

402 Knights Run Avenue

Tampa, Fl. 33602

402 Knights Run Avenue Tampa, Fl. 33602

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:

Dennis B. Slater

Name

402 Knights Run Avenue

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

Tampa

FL 33602 City, State, and Zip

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)

Orner Blater

(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:

MGRM	Carl W Lindell, Jr
	402 Knights Run Avenue
	Tampa, Fl. 33602
MGRM	Dennis B. Slater
	402 Knights Run Avenue
	Tampa, Fl. 33602
MGRM	Joe C. Collier
	4602 Eisenhower Blvd
	Tampa, Fl. 33634
MGRM	James Talton
	4602 Eisenhower Blvd
	Tampa, Fl. 33634
Use attachment if necessar	y)
LE V: Effective date, if other	er than the date of filing: June 1, 2012 . (OPTION

REQUIRED SIGNATURE:

June Bleter
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.)

Dennis B. Slater

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)

DIVISION OF CORPORATIONS

12 MAY 17 AM 10: 55

ARTICLE IV- Manager(s) or Managing Member(s):

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM — Managing Member	David Laxer 4602 Eisenhower Blvd
	Tampa, Fl. 33634
	
(Use attachment if necessary)	
ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)	nan the date of filing: June 1, 2012 . (OPTIONAL nust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
De	member or an authorized representative of a member.

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.) Dennis B. Slater

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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