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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE
JAN - 8 2013
EXAMINER

TO:	Reg Divi	istration S sion of Co	Section orporations	4	ţ			
SUBJ	rct.	Classic	Hospitality	LLC				3.
SOBO	ECI.		*	Name of Limi	ted Liability	Compan	у	
The er	nclosed	Articles o	f Organization	and fee(s) are	submitted fo	r filing.		·
Please	return	all corresp	ondence conce	erning this mat	ter to the foll	owing:		
	Man	vin J Ra	ppaport .					
			<u></u>		Name of Per	son	-	
	Clas	sic Hos	pitality LLC	;				
		, , , , , , , , , , , , , , , , , , ,			Firm/Comp	any		
	1250	00 Class	sic Drive					
				······································	Address		<u></u>	1,44 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
	Cora	d Spring	ıs, Florida 3	33071				
	marv	rapp@r	ne.com	C	ty/State and Z	ip Code	 	
			E-mail addr	ess: (to be used	for future ann	ual report	notification)	
For fu	rther in	formation	concerning this	s matter, pleas	e call:			
Man	/in J F	Rappapo	ort		954 _ at (755-1141	
	· · · · · · · · ·	Name	of Person		at (Are	a Code &	Daytime Tele	phone Number
Enclo	sed is	a check fo	or the followi	ng amount:				
□\$125	.00 Fil	ing Fee	□\$130.00 F Certificate	Filing Fee & e of Status		ed Copy		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Mailing Ad Registration	Section			rier Address n Section	20 51 FAL

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	\mathbb{R}^{7}	ГΤ	C	L	C I	_	Ns	ım	e:

The name of the Limited Liability Company is:

Classic 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:	Mailing Address:
12500 Classic Drive	12500 Classic Drive
Coral Springs	Coral Springs
Florida 33071	Florida 33071

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:

Marvin J Rap	ppaport
··· · · · · · · · · · · · · · · · · ·	Name
12500 Class	ic Drive
1	lorida street address (P.O. Box NOT acceptable)
Coral Springs	s, Florida 33071
	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)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	•	
MGR	Marvin J Rappaport	
, , , , , , , , , , , , , , , , , , ,	12500 Classic Drive	_
	Coral Springs, Florida 33071	_
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