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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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JRPORATION·SERVICE	COMPANY"			
	ACCOUNT	NO.	:	120000000195

REFERENCE: 964118 4301677

AUTHORIZATION :

COST LIMIT :

ORDER DATE	:	January	15,	2014
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ORDER TIME : 9:20 AM

ORDER NO. : 964118-005

CUSTOMER NO: 4301677

DOMESTIC FILING

NAME: LDV MET SQUARE 3 LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION
	CERTIFICATE OF LIMITED PARTNERSHIP
XX	ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
	CERTIFIED COPY
XX	PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Susie Knight - EXT. 52956
	EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

LDV Met Square 3 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:

c/o LDV Hospitality Holdings, LLC
450 Seventh Avenue, Suite 4200
New York, NY 10123

c/o LDV Hospitality Holdings, LLC
450 Seventh Avenue, Suite 4200
New York, NY 10123

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:

Corporation Service Company
Name

1201 Hays Street

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

Tallahassee FL 32301

City Z

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 605, F.S..

Corporation Service Company

Janet Budhu, Asst. Vice President

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	oto LDV Hoonitelity Holdings LLC
John Meadow, MGR	c/o LDV Hospitality Holdings, LLC 450 Seventh Avenue, Suite 4200
	New York, NY 10123
	$\frac{1}{2}$
	29.7.
fective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the di	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 day
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LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false constitutes a third degree.	rember or an authorized representative of a member. In under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State information as provided for in s.817.155, F.S.)
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