

JUN-18-2014 07:32A
Division of Corporations

FROM: GREENBERG TRAUER BOCA

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GREENBERG TRAUER (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 955-7600
Fax Number : (561) 338-7099

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

Email Address: jkrinsky@panthercm.com

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FLORIDA LIMITED LIABILITY CO.
Carmichael Hospitality Partners, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

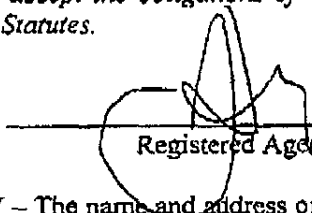
ARTICLE I – NAME: The name of the limited liability company is Carmichael Hospitality Partners, LLC (the “Company”).

ARTICLE II – ADDRESS: The mailing address of the principal office of the Company is c/o Panther Management Services, LLC, 333 South Miami Avenue, Suite 150, Miami, Florida 33130. The street address of the principal office of the Company is c/o Panther Management Services, LLC, 333 South Miami Avenue, Suite 150, Miami, Florida 33130.

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT’S SIGNATURE: The name and the Florida Street address of the Company’s registered agent are:

Panther Management Services, LLC
333 South Miami Avenue, Suite 150
Miami, Florida 33130

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 in Chapter 605, Florida Statutes.



Registered Agent’s Signature

ARTICLE IV – The name and address of each person authorized to manage and control the limited liability company are:

Title

Name and Address

Authorized Member

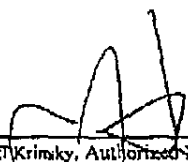
PCM-CHP, LLC
333 South Miami Avenue, Suite 150
Miami, Florida 33130

Authorized Member

Avenue Hospitality Associates, LLC
16701 Collins Avenue
Sunny Isles Beach, Florida 33160

[Signature on following page]

REQUIRED SIGNATURE:



Jeff Krimsky, Authorized Member of PCM-CHP, I.L.C

(In accordance with section 605.0203 (1) (b), 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.)