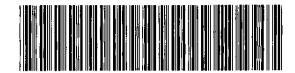
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T. BROWN

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1/7/15

NAME: AZUL HOSPITALITY-DAYTONA, LLC

TYPE OF FILING: ARTICLES

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**AUTHORIZATION:** ABBIE/PAUL HODGE/

	CC	OVER LETTER		
	on Section f Corporations			
SUBJECT: Azu	l Hospitality-Daytona, LL	<b>c</b>		
- 10 ·	Name of Li	imited Liability Company		-
The enclosed Article	es of Organization and fee(s)	are submitted for filing.		
Please return all con	respondence concerning this r	natter to the following:		
Jason I	Durbin			
	•	Name of Person		- -
Azul Ho	ospitality			-
Azuria	оэрнану	Firm/Company		vidual or
800 We	est Ivy, Suite D			
<del></del>		Address		
San Dis	ego, CA 92101			
Jan Die		City/State and Zip Code		
jdurbin@azulf	ng.com	,		
<u> </u>		ed for future annual report notification	ation)	
For further informati	ion concerning this matter, ple	ease call:		
				ility company e
Jason Durbin Na	at (at (	619 241-3856 Area Code Daytime Te	lephone Number	to act in this te performance rovided for in
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)	
	ailing Address gistration Section	Street/Courier Add Registration Section	ress	

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

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

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			•	15 A
AKTICLES OF ORGANIZATION	ON FOR FLORIDA LI	MITED LIABILITY	COMPANY	3% The Ken
ARTICLE I ~ Name: The name of the Limited Liability Company is:				ALL SOME TO SO
				Charles Co.
Azul Hospitality-Daytona, LLC (Must end with the words	"Limited Liability Co	omnany "LLC"	ne "TTC")	
	Chilled Liability Co	Jinpany, 15.15.05., C	or EEC. )	O <sub>A</sub>
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the I	Limited Liability Co	ompany is:	
Principal Office Address:		Address:		
900 North Atlantic Ave Daytona Beach FL 32118		st Ivy Suite D go, CA 92101	<del></del>	
		<u> </u>		_
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	s its own Registered , egistration.)			dividual or
Paracorp Incorpo	-			
aracorp moorpe	Name			
_155 Office Plaza	Drive. 1st Floor			
Florida street address (				
Tallahassee,	FL	32301		
City		Zip		
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	by accept the appoint ovisions of all statute.	tment as registered o s relating to the pro ny position as regist	agent and agi per and comp	ree to act in this plete performance
see attachmer			-	
Registered Agent	's Signature (REQU	IRED)		

(CONTINUED)

Page 1 of 2

### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 1/6/2015

ENTITY NAME: Azul Hospitality-Daytona, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary

Paracorp Incorporated

Sharon Cose

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	B
AMBR	Richard Mansur
	800 West Ivy Suite D
	San Diego, CA 92101
AMBR	Douglas Leiber
AMON	800 West Ivy Suite D
	San Diego, CA 92101
V: Effective date, if other than the date live date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or
Use attachment if necessary)  V: Effective date, if other than the date etive date is listed, the date must be specification.  VI: Other provisions, if any.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or
V: Effective date, if other than the date citive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
V: Effective date, if other than the date cive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information in the constitutes are section for the constitutes are affirmation under I am aware that any false information in the constitutes are affirmation under I am aware that any false information.	enter of an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  15.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Signature of a me (In accordance with section and I am aware that any false infor constitutes a third degree felor	ember of an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document entire penalties of perjury that the facts stated herein are true.  25.0203 (1) (b) and the comment of State in a provided for in s.817.155, F.S.)
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Page 2 of 2