

LIS00016322

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000231057 3)))



H150002310573ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : GREENBERG TRAUERIG (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

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

Email Address: _____

15 SEP 25 PM 3:22

15 SEP 25 PM 3:22

FLORIDA LIMITED LIABILITY CO.
Osceola Cinque Terre Owner, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

15 SEP 25 PM 2:41
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
OSCEOLA CINQUE TERRE OWNER, LLC
a Florida limited liability company**

ARTICLE I - Name: The name of the Limited Liability Company is:
OSCEOLA CINQUE TERRE OWNER, LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

c/o O'Conner Capital Partners
535 Madison Avenue, 6th Floor
New York, NY 10022

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: CT Corporation System
Address: 1200 South Pine Island Road, Suite 250
Plantation, Florida 33324

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..

Registered Agent's Signature

Angel Nunez
Assistant Secretary

Thomas E. Quinn

Signature of a member or an authorized representative of a member

(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 section 817.155, F.S.)

Thomas B. Quinn
Typed or printed name of signor

FILED
15 SEP 25 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA