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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



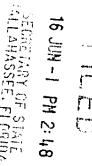


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DEPARTMENT OF STATE

JUN 01 2016
T SCHROEDER



CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Madeira Hotel Investors LLC

() Nonprofit		
() Foreign	() Amendment	() Merger
() Limited Partnership	() Dissolution/Withdrawal	() Mark
(X) LLC	() Reinstatement	
Formation	() Annual Report	() Other
	() Name Registration	
() Certified Copy	() Fictitious Name	() UCC
() Call When Ready		() CUS
(x) Walk In	() Photocopies	
() Mail Out		() After 4:30
•	() Call If Problem	(x) Pick Up
Name	() Will Wait	
Availability		
Document	6/:/2016	Order#:
Examiner		10032670
Updater	KM	
Verifier		Ref#:
W.P. Verifier		
		Amount: \$

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Madeira Hotel Investors LLC	
SUBJECT		imited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	rn all correspondence concerning this i	natter to the following:
	Benjamin E. Marcus, Esq.	
		Name of Person
	Drummond Woodsum	
		Firm/Company
	84 Marginal Way, Suite 600	
		Address
	Portland ME 04101-2480	
	bmarcus@dwmlaw.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further i	information concerning this matter, ple	ase call:
	Benjamin E. Marcus	207 772-1941
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	Siling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Cliflon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Madeira Hotel Invest			
(Must end	with the words "Limited	Liability Company, '	'L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and street a	ddress of the principal o	ffice of the Limited L	iability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
18133 Longwater Ru	ın Drive	18133	Longwater Run Drive
Tampa, FL 33647		Tampa	a, FL 33647
	cannot serve as its own	Registered Agent. Yo	_
	cannot serve as its own active Florida registration	Registered Agent. Yo on.)	's Signature: ou must designate an individual o
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. Yo on.) d agent are:	
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration	Registered Agent. Yo on.) d agent are:	_
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. Youn.) d agent are: stem Name	_
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered C T Corporation Sys	Registered Agent. Youn.) d agent are: stem Name	ou must designate an individual o
he Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered C T Corporation Sys	Registered Agent. Yo on.) I agent are: Stem Name and Road	ou must designate an individual

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..

C T Corporation System

By:

Registered Agent's Signal RegisteQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title:
"AMBR" = Authorized Member Name and Address: "MGR" = Manager Kevin R. Bowden MGR 18133 Longwater Run Drive Tampa FL 33647 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Benjamin E. Marcus Typed or printed name of signee

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)