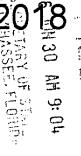
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Office Use Only



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06/30/16--01006--008 \*\*160.00

JUL 0.5 25 TO T SCHROEDER June 29, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 10068873 SO

None Given Customer Reference 1: Customer Reference 2:

None Given

Dear Secretary of State, Florida:

Please obtain the following:

Benchmark Hospitality of Orlando, Inc. (FL)

Conversion Florida

Benchmark Hospitality of Orlando, LLC (FL)

Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your heip.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@crolterskluwer.com

## Articles of Conversion For Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida States.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  Benchmark Hospitality of Orlando, Inc.  Place 5529
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Benchmark Hospitality of Orlando, LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida
2 08/05/2015 (Enter state, or 11 & non-0.5. entry, the haine of the extend y)
(date cf organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Benchmark Hospitality of Orlando, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the late this document is filed by the Florida Department of State; AND 2) must be the same as the effective late listed in the attached Articles of Organization, if an effective date is listed therein.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

16 JUN 30 AM 9: 04

Signed this 28 day of June	20_16
Signature of Authorized Representative of Lips	
Signature of Authorized Representative: Alex Cabanas	Title: Prosident
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)
Signature: Printed Name: Atex Cabanas	
Printed Name: Alex Cabanas	Title: Authorized Representative
Signature:	
Printed Name:	Title:
•	
Signature:	Title
remed Name	THE:
Signature:	
Printed Name:	Title:
Floretten	
Signature:Printed Name:	Title:
Timed Name.	
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited I iabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fegs:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

SCORETARY OF SIAT

alliantes,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ility Company is:		
	IOSPITALITY OF ORLAN		Make with the second se
(Must er	nd with the words "Limited	Liability Company	y, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited	l Liability Company is:
Princ	ipal Office Address:		Mailing Address:
11100			
	Suite 300	4 W	/aterway Sq PI, Suite 300
4 Waterway Sq Pi The Woodlands, T  RTICLE III - Registered A The Limited Liability Compa	X 77380  gent. Registered Office, & my cannot serve as its awn i	The Registered Age Registered Agent.	Woodlands, TX 77380
4 Waterway Sq Pi The Woodlands, T  RTICLE III - Registered A The Limited Liability Companiother business entity with a	X 77380  gent. Registered Office, & my cannot serve as its ewn in active Florida registration	The The Registered Age Registered Agent.	Woodlands, TX 77380
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4 Waterway Sq Pi The Woodlands, T  RTICLE III - Registered A The Limited Liability Companiother business entity with a	X 77380  Agent. Registered Office, & my cannot serve as its even in active Florida registration et adoress of the registered  C T CORPORATION	The Registered Age Registered Agent.  1.)  agent are:  SYSTEM  Name  SLAND ROAD	Woodlands, TX 77380  nt's Signature: You must designate an individual or
4 Waterway Sq Pi The Woodlands, The Woodlands, The Woodlands, The Woodlands, The Woodlands of the Woodlands	X 77380  Agent. Registered Office, doing cannot serve as its cannot active Florida registration active Florida registered of T CORPORATION  1200 SOUTH PINE 1	The Registered Age Registered Agent.  1.)  agent are:  SYSTEM  Name  SLAND ROAD	Woodlands, TX 77380  nt's Signature: You must designate an individual or

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 (REQUIRED)

and with

(CONTINUED)

Page 1 of 2

STORETARY OF STATE

Tifle: "AMBR" = Authorized Members 14 (CD)" = Membe	Name and Address:	
"MGR" = Manager AMBR"	BMC-The Benchmark Management Company	
2 3.271 2.24	4 WATERWAY SQUARE PL STE 300	
	THE WOODLANDS, TX 77380	
	•	
(Use attachment if necessary)		
fective date is listed, the date in of filing.)	n the date of filing:	
fective date is listed, the date in of filing.) If the date inserted in this block ament', effective date on the Detail of the D	ust be specific and cannot be more than five business days prior to or 90 da loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.	
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ARTICLE IV-