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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : AKERMAN LLP - JACKSONVILLE

Account Number : 105543000740 Phone : (904)798-3700 Fax Number : (904)798-3730

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

Email Address: Mpatel@idealhosp.com

FLORIDA LIMITED LIABILITY CO. ST. JOHN HOSPITALITY, LLC

Certificate of Status	0
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Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ST. JOHN HOSPITALITY, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:

Mailing Address:

130 Canal St., Suite 101

Pooler, OA 31322

Pooler, OA 31322

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T CORPORATION SYSTEM
Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
City State Zip

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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Madonna Cuddihy Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" ≈ Authorized Mcrober	Name and Address:
"MGR" = Manager	ALT ID . 3
AMBR	Mehul Patel 130 Canal St., Suite 101
	Pooler, GA 31322
	1 00101, 011 01011
	
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(Use attachment if necessary) E.V: Effective date, if other than the date of	of filing:
LEV: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not measure the date inserted in this block does not measure the date on the Department of the Departme	cific and cannot be more than five business days prior to or 9 but the applicable statutory filing requirements, this date will no
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Filing Pres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)