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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : 320040000083 Phone : (954)474-9000 Fax Number : (954)474-9250

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

Email Address: kmoro@fwblaw.net

FLORIDA LIMITED LIABILITY CO.

Stadium Hotel, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLOR	UDA LIMITED HARILITY COMP.
ARTICLE I - Name:	- COMPANY
The name of the Limited Liability Company is:	
STADIUM HOTEL, LLC	
(Must contain the words "Limited Liabil	
A DETICAL TO A STATE OF THE STA	ny Company, "L.L.C.," or "LLC.")
OBLULIE II - Address.	
and mailing address and street address of the principal office	Est-1+
The mailing address and street address of the principal office o	t the Limited Liability Company is:
Principal Office Address:	
-	Mailing Address:
21483 N.W. 27th AVENUE	
MIAMI GARDENS, FLORIDA 33056	21485 N.W. 27th AVENUE
	MIAMI GARDENS, FLORIDA 33056
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	and Agent. You must designate an individual or
The name and the Florida atreet address of the registered agent a	ле:
<u>DAVID ROSS</u>	
Name	
21485 N.W. 27th AVENUE	
Florida street address (P.O. B	OX NOT remarks
	Track Arrebion(s)

State Having been named as registered agant 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 Zip juriner agree to comply with the provisions of an natures retaining to the proper and complete perjuintance of my ou am familiar with and accept the obligations of an position as registered agent as provided for in Chapter 605, F.S.,

MIAMI GARDENS

City

Registered Agent's Signature (REQUIRED)

FLORIDA

33056

(CONTINUED)

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Name and Address: Name and Addr	Tiela	horized to manage and control the Limited Liability Company:
DAVID ROSS 21485 N.W. 27th AVENUE MIAMI GARDENS, FLORIDA 33065 MGR WILLIAM J. ROSS 21485 N.W. 27th AVENUE MIAMI GARDENS, PLORIDA 33065 WILLIAM J. ROSS 21485 N.W. 27th AVENUE MIAMI GARDENS, PLORIDA 33065 WILLIAM J. ROSS 21485 N.W. 27th AVENUE MIAMI GARDENS, PLORIDA 33065 WILLIAM J. ROSS 21485 N.W. 27th AVENUE MIAMI GARDENS, PLORIDA 33065 (OPTIONAL) To or 90 de de la sisted, the date must be specific and cannot be more than five business days prior to or 90 de deciral inserted in this block does not meet the applicable statutory filing requirements, this date will not be a self-crive date on the Department of State's records. It Other provisions, if any. DURRED SIGNATURE: Signature of a member of an authorized rapresentative 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 \$.817.155, F.S. Typed or printed name of signee	11116:	
MGR 21485 N.W. 27th AVENUE MIAMI GARDENS, FLORIDA 33065 MGR WILLIAM J. ROSS 21485 N.W. 27th AVENUE MIAMI GARDENS, FLORIDA 33065 WILLIAM J. ROSS 21485 N.W. 27th AVENUE MIAMI GARDENS, FLORIDA 33065 Per attachment if necessary) /*: Effective date, if other shan the date of filing:	"MGR" = Manager	, , , , , , , , , , , , , , , , , , ,
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