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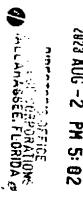
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rélax 11'5 Salst) Suites LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anguice Grith Name of Person
Legandury Alliance 4101dings; LLC
210 N. MI 93 EUVI AVE. # 25176 Address
Lykeland, FL 33802
City/State and Zip Code (II) A LI (L LUSH & GN1 (II). CEM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelia Smith at (Elf.3) 250.4090 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Relax 11'9 Galon Suites, LLC	
(Must contain the words "Limited Liability Company "[-] [-] [-] or "[-] [-] [-]	

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
210 N. Migorun Avenue	P.O. BOX 25176
# <u>25170</u>	Lakeland PL 33802
LUCIWIN, FL 33002	

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:

Angelice.	<u>Smith</u> Name	
210 N. Mig Florida street address		<u>(C. Suti#25174</u> acceptable)
Lakeland,	FL	33802
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 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)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Ame I soundon I Wienes Wolden a VIX
<u> AMGK</u>	-Arty Legendary Illiance Holdings, LLC
	1 210 N. / Micro rue V
	26/12/5/10 Likelind, FZ 33/62
	Luceine, or 35/62
	
	
If an effective date is listed, the date must be date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is ex I am aware that any	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	Angelice Smith
	Angelice Smith Typed or printed name of signee
	431/24 of printed fidule of signee

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)