Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: arevis.piedra@foodtravelexperts.com

FLORIDA LIMITED LIABILITY CO. SSPAMERICA MIA II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu



ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SSP AMERICA MIA II, 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: 20408 Bashan Dr. Suite 300 20408 Bashan Dr. Suite 300 Ashburn, VA 20147 Ashburn, VA 20147

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.)

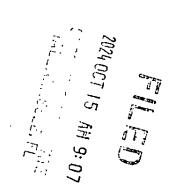
The name and the Florida street address of the registered agent are:

C T Corporation Sys	tem	
	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

CT Corporat	ion System Denis	
By:	James: Bell	Assistant Secretary
Re	egistered Agent's Signature (R	EQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:	
AMBR	SSP America, Inc. 20408 Bashan Dr. Suite 300 Ashburn, VA 20147	
	Ashburn, VA 20147	
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EV: Effective date, if other than the	date of filing: (OPTI	ONAL)
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