

SENT BY:

9-15-95 12:17 GEIGER KASDIN HELLER-

170

9/15/95

H9500000711

FLORIDA DIVISION OF CORPORATIONS
 PUBLIC ACCESS SYSTEM
 ELECTRONIC FILING COVER SHEET
 TO: DIVISION OF CORPORATIONS FROM: GEIGER, KASDIN, HELLER & KUPERSTEIN,
 DEPARTMENT OF STATE 1428 BRICKELL AVE
 STATE OF FLORIDA 6TH FLOOR
 409 EAST GAINES STREET MIAMI FL 33131- 33401-6194
 TALLAHASSEE, FL 32399 CONTACT: BEVERLY O RIEDY
 PHONE: (305) 372-5000
 FAX: (904) 922-4000 FAX: (305) 372-0052

((H95000010341)) DOCUMENT TYPE: LIMITED LIABILITY COMPANY
 NAME: HOTEL LEON, L.C.
 FAX AUDIT NUMBER: H95000010341 CURRENT STATUS: REQUESTED
 DATE REQUESTED: 09/15/1995 TIME REQUESTED: 12:02:56
 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
 NUMBER OF PAGES: 7 METHOD OF DELIVERY: FAX
 ESTIMATED CHARGE: \$337.50 ACCOUNT NUMBER: 076030000723

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((H95000010341))
 ** ENTER 'M' FOR MENU. **
 ENTER SELECTION AND <CR>:
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9/15/95 FLORIDA DIVISION OF CORPORATIONS 12:03 AM
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((H95000010341))
 ** ENTER 'M' FOR MENU. **
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to - 12:02 (prep)

RECORDED
 FILED
 05 SEP 15 11:03 AM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 9/18

September 18, 1995

GEIGER KASDIN HELLER & KUPERSTEIN

MIAMI, FL

SUBJECT: HOTEL LEON, L.C.

REF: W95000010667

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the

name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000010341
Letter Number: 495A00042692

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida
32314

FA #-H95 10341

Dortriz M. Capoto, Esq.
1101 Brickell Avenue, 17th Fl
Miami, FL 33131
(305) 374-1559

ARTICLES OF ORGANIZATION Florida Bar No.: 0820725

OF

HOTEL LEON, L.C.

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

FILED
SEP 15 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. NAME.

The name of the Limited Liability Company

HOTEL LEON, L.C.

2. PERIOD OF DURATION.

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

(i) Thirty (30) years from the date of filing of these Articles of Organization with the Department of State, or

(ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

3. PURPOSE.

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a Limited Liability Organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

FA #-H95 -10341

FA #-H95 - 10341

The address of the place of business in Florida for the Limited Liability Company is: 5937 N.E. 6 Avenue, Miami, Florida 33137.

5. REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Limited Liability Company is: Eric Gabriel, 5937 N.E. 6 Avenue, Miami, Florida 33137.

6. CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Limited Liability Company is as follows: Cash in the amount of \$1,000.00. The amount of anticipated contributions is \$225,000.00.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all members and the times at which, or the events of happening of which, that shall be made, are as follows: No total additional contributions have been agreed to at the date of filing of these Articles of Organization. Additional contributions, if any, will be made upon unanimous agreement by all of the members of the Limited Liability Company.

8. ADDITIONAL MEMBERS.

Members may admit additional members upon unanimous agreement of the then existing members.

FA #-H95 -10341

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company.

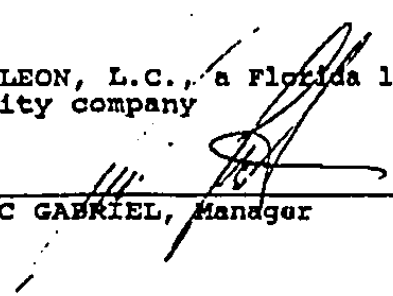
10. MANAGEMENT.

The Limited Liability Company is to be managed by a manager. The name and address of such manager who is to serve as manager until the first annual meeting of members or until his successor is elected and qualified is as follows:

Eric Gabriel
5937 N.E. 6 Avenue
Miami, Florida 33137

Executed at Miami, Florida on the 13 day of September, 1995.

HOTEL LEON, L.C., a Florida limited liability company

By: 
ERIC GABRIEL, Manager

BEATRIZ M. CAPOTE, P.A.
Beatriz M. Capote, Esq.
1101 Brickell Ave., 17th Floor
Miami, FL 33131
(305)374-1555
FB #0820725

SENT BY:

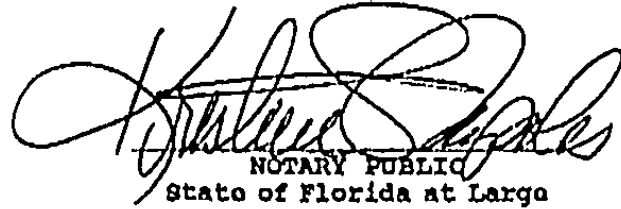
9-18-05 : 12:18 :GEIGER KASDIN HELLER-

:# 5/ 8

PA #H95 10341

STATE OF FLORIDA)
COUNTY OF DADE) SS:

This instrument is acknowledged this 13 day of September, 1995, by ERIC GABRIEL, the manager of HOTEL LEON, L.C. who is personally known to me, ~~or who produced~~ _____ as identification.


NOTARY PUBLIC
State of Florida at Largo

Commission Expires:



KRISTINE NAPOLES
My Commission: 00408548
Expires Dec. 03, 1998

J:\WORK\SMC\GABRIEL\ARTORG

PA #H95 10341

SENT BY:

0-15-05 12:18 GEIGER KASDIN HELLER-

0/ 0

FA #-H95 10341

The members of the limited liability company shall
be:

<u>Name and Address</u>	<u>Capital Contribution</u>
ERIC GABRIEL 5937 N.E. 6 Avenue Miami, Florida 33137	\$ 900.00
LORETTA RAFFELE 5937 N.E. 6 Avenue Miami, Florida 33137	\$ 100.00

Total	<u>\$1,000.00</u>

J:\WORK\EMC\CABRIEL\ARTORO

FA #-H95 10341

SENT BY:

0-15-05 : 12:10 :GEIGER KASDIN HELLER-

:# 7/ 8

FA #H95 10341

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: HOTEL LEON,
L.C.

The name and address of the registered agent and office is:

ERIC GABRIEL
5937 N.E. 6 AVENUE
MIAMI, FLORIDA, 33137

HAVING BEEN NAMED 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.

ERIC GABRIEL

DATE

9/13/95

95 SEP 15 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FA #H95 10341

FA #-H95 10341

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of HOTEL LEON, L.C. deposes and says:

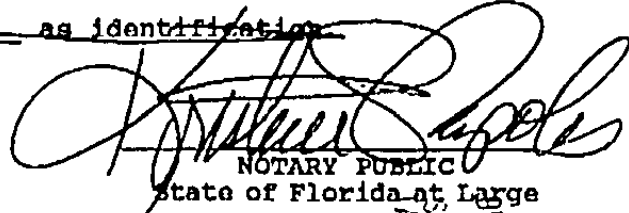
- 1. The above named limited liability company has at least two members.
- 2. The total amount of cash contributed by the members is \$1,000.00.
- 3. If any, the agreed value of the property other than cash contributed by the members is \$ -0-.
- 4. The total amount of cash or property anticipated to be contributed by the members is \$225,000.00. This total includes amounts from 2 and 3 above.



 ERIC GABRIEL

STATE OF FLORIDA)
) SS:
 COUNTY OF DADE)

This instrument is acknowledged this 13 day of September, 1995, by ERIC GABRIEL, who is personally known to me ~~or who produced _____ as identification.~~


 NOTARY PUBLIC
 State of Florida at Large

Commission Expires:



KRISTINE NAPOLEONE
 My Commission # 00108848
 Expires Dec. 09, 1998

FILED
 05 SEP 15 PM 5:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

**APPROVED
AND
FILED**

1996 JUL 22 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000711

Hotel Leon
841 Collins Ave
MIA BEACH, FL 33137

1a. Principal Place of Business Address
SAME

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

2. Mailing Address	2a. Principal Place of Business
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country

3. Date Organized or Qualified Sept 95	3a. State of Formation Florida
4. FEI Number 65-0626859	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report Sept 95	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

ERIC GABRIEL
5937 N.E. 6th Ave
MIAMI, FL 33137

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc
City
Zip Code
FL

9. Pursuant to the provisions of Sections 609.416 and 609.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 7-19-96

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	ERIC GABRIEL	841 Collins Ave	MIA Beach, FL 33137
MEM	LORETTA RAFFELE	" " "	" " "

800001903238
-07/24/96--01055--005
****263.75 ****263.75

7/23/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: X Eric GABRIEL 7-19-96 673-3767