

29500000905

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

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

SUBJECT: Signature Hospitality Resources, Florida "L.L.C."
(Proposed limited liability company name - must include suffix)

RECEIVED
NOV 20 11:32
TALLAHASSEE
FLORIDA

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00
Filing Fee
& Registered
Agent designation

☐ \$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

☐ \$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

☒ \$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: Charles R. Stark
Name (Printed or typed)

1125 17th Street, Suite 2200
Address

Denver, CO 80202
City, State & Zip

(505) 297-2222
Daytime Telephone number

REGISTERED NOV 28 1995

NOTE: Please provide the original and one copy of the articles

11/21/95
1125-2200



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 21, 1995

CHARLES R. STARK
1125 17TH STREET
SUITE 2200
DENVER, CO 80202.

SUBJECT: SIGNATURE HOSPITALITY RESOURCES, FLORIDA "L.C."
Ref. Number: W95000023000

We have received your document for SIGNATURE HOSPITALITY RESOURCES, FLORIDA "L.C." and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

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) 487-6933.

Dana Farmer
Document Specialist

Letter Number: 195A00051468

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signature Hospitality Resources, Florida "L.C."

ARTICLE II - Address:

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

is: Radisson Twin Towers Hotel
5780 Major Boulevard
Orlando, FL 32819

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Charles R. Stark
1125 17th Street, Suite 2200
Denver, CO 80202

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are.

S. NAT. RE. B. SF ... ORLANDO TWIN TWR 2004 004

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Signature

Hospitality Resources, Florida "L.C." deposes and says:

1) the above named limited liability company has at least two members

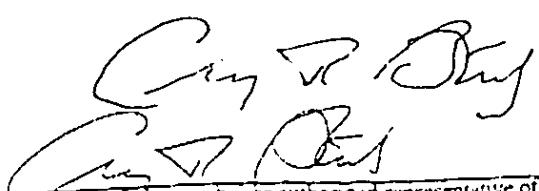
2) the total amount of cash contributed by the member(s) is \$ 100⁰⁰/100

3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
A description of the property is attached and made a part hereto

4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0

5) the total amount of 2, 3, and 4 is

\$ 100⁰⁰/100



Signature of a member or authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Signature Hospitality Resources, Florida "L.C."
2. The name and address of the registered agent and office is:

Kay L. Kruse
(Name)
5780 Major Boulevard
(P.O. Box not acceptable)
Orlando, Florida 32819
(City/State/Zip)

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FLORIDA

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.

Kay L. Kruse
(Signature)

11/27/95
(Date)

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

APPROVED
AND
FILED

1996 APR 10 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company
DOCUMENT #L95000000905
SIGNATURE HOSPITALITY RESOURCES, FLORIDA "
L.C."
RADISSON TWIN TOWERS HOTEL
5780 MAJOR BLVD
ORLANDO FL 32819

1a. Principal Place of Business Address

RADISSON TWIN TOWERS HOTEL
5780 MAJOR BLVD
ORLANDO FL 32819

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

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/28/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		5. Date of Last Report	6. Certificate of Status Desired
Country		Country			<input type="checkbox"/> Additional Fee Required

59-3343806

7. Name and Address of Current Registered Agent

KRUSE, KAY L
5780 MAJOR BLVD
ORLANDO FL 32819

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

200001783000

04/10/96 011:33-025

FL 238.75 ***238.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, 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 _____
(Registered Agent Accepting Appointment) (Not if Registered Agent signature required when re-appointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STARK, CHARLES R	1125 17TH STREET, SUITE 22	DENVER CO

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: *Charles R. Stark* 4/1/96 303 2973322