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Document Number Only

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

700002998007--8

-09/27/99--01131--010

\*\*\*\*337.50 \*\*\*\*337.50

CORPORATION(S) NAME

MRM Sunshine Hospitality I, L.L.C.

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☒ Limited Liability Partnership

☒ Certified Copy

☐ Annual Report

☐ Fict. Filing

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ UCC-1 UCC-3

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

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Thanks, Melanie ☺

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION**  
**FOR A**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I-Name:**

The name of the Limited Liability Company is:

**MRM SUNSHINE HOSPITALITY I, L.L.C.**

**ARTICLE II-Address:**

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

1401 Perdita Way  
Greer, South Carolina 29650.

**ARTICLE III-Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE VI-Management:**

The Limited Liability Company is to be managed by Managers and the names and addresses of such Managers who are to serve as Managers are:

- |    |                    |  |
|----|--------------------|--|
| A. | Mukund J. Desai    | 16 W. Shefford Street<br>Greer, South Carolina 29650 |
| B. | Rajnikant R. Patel | 1401 Perdita Way<br>Greer, South Carolina 29650      |
| C. | Manish D. Atma     | 2700 Towhee Court<br>Charlotte, North Carolina 28269 |

**ARTICLE V-Admission of Additional Members:**

The right of the Members to admit additional Members and the terms and conditions of the admission shall be determined by and subject to the approval of the Managers.

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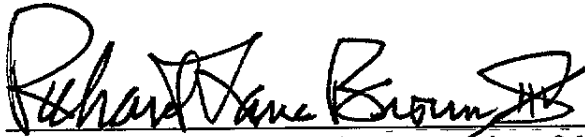
**ARTICLE VI-Members Right to Continue Business:**

The right of the remaining Members of the Limited Liability Company to continue the business on 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 shall be determined by and subject to the approval of the Managers.

**ARTICLE VII-Affidavit of Membership and Contribution:**

The undersigned authorized representative of the Members of **MRM SUNSHINE HOSPITALITY I, L.L.C.** certifies:

- 1) the above named Limited Liability Company has at least one (1) Member;
- 2) the total amount of cash contributed by the Members is: \$20,000.00;
- 3) if any, the agreed value of property other than cash contributed by the Members is: None;
- 4) the total amount of cash and property contributed and anticipated to be contributed by the Members is: \$20,000.00.



Signature of the authorized representative of the Members who are also the Managers

(In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Richard Lane Brown III

Authorized Representative of the Members who are also the Managers of this Limited Liability Company.

Address: 124 South First Street

Post Office Box 838

Albemarle, North Carolina 28002-0838

Telephone: (704) 982-6669

Telecopier: (704) 982-7004

**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.

1. The name of the limited liability company is: \_\_\_\_\_

\_\_\_\_\_ MRM SUNSHINE HOSPITALITY I, L.L.C. \_\_\_\_\_

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

\_\_\_\_\_ C T CORPORATION SYSTEM \_\_\_\_\_

(Name)

\_\_\_\_\_ c/o C T CORPORATION, 1200 South Pine Island Road, \_\_\_\_\_

(P.O. Box not acceptable)

\_\_\_\_\_ 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.*

C T CORPORATION SYSTEM

\_\_\_\_\_  
(Signature)

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

\_\_\_\_\_  
9/27/99

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent