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DR. & MRS. MICHAEL JORY 10313 OAK SHORES COURT STOCKTON, CA 95209 RE: M&R TAHOE, LLC

Document Title(s)

LLC-1

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION



State of California Secretary of State

200622810064 File#

ENDORSED - FILED in the office of the Secretary of State of California

AUG 1 6 2006

LIMITED LIABILITY COMPANY **ARTICLES OF ORGANIZATION**

A 47 0.00 ming fee must accompany mis form.	
IMPORTANT – Read instructions before completing this form.	This Space For Filing Use Only
ENTITY NAME (End the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")	
1. NAME OF LIMITED LIABILITY COMPANY	
MAR Tahoe, LLC	
PURPOSE (The following statement is required by statute and may not be altered.)	
 THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT. 	
INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).	
3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS	
Michael Jory	
4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFOR	RNIA CITY STATE ZIP CODE
10313 Oak Shores Court Stockto	on CA 95209
MANAGEMENT (Check only one)	
5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:	
✓ ONE MANAGER	
MORE THAN ONE MANAGER	
ALL LIMITED LIABILITY COMPANY MEMBER(S)	
ADDITIONAL INFORMATION	
6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.	
EXECUTION	
7. I DECLARE AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.	
	A
SIGNATURE OF ORGANIZER	August 15, 2006
VSISTEN GE OF ORGANIZER	DATE
MICHAEL JORY	_
TYPE OR PRINT NAME OF ORGANIZER	
RETURN TO (Enter the name and the address of the person or firm to whom a copy of the	filed document should be returned.
8. NAME Michael L. Gurev, Esq.	
Freeman, D'Aiuto, Pierce, Gurev, Keeling & Wolf	Here and the second
ADDRESS 1818 Grand Canal Blvd., Suite 4	
CITY/STATE/ZIP [Stockton, CA 95207	
LLC-1 (REV 03/2005) I I■III	THE BUILDING WELLINGS WELLINGS THE

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I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of ___ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

AUG 1 & 2006

BRUCE McPHERSON Secretary of State

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