L21000 488498

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

050 045 6054

850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 11/16/2021 PRIORITY Regular Approval OUR REF.# (Order ID#) 970931

ORDER ENTITY FLORIDA SUITES 1 LLC

PLEASE PERFORM THE FOLLOWING SERVICES		 			
FLORIDA SUITES 1 LLC (FL)					

New LLC filing

NOTES:
\$125.00 Authorized
Email address for annual report reminders: sales@fileacorp.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, November 16, 2021 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
,	
FLORIDA SUITES I LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1318 48TH STREET	1318 48TH STREET
BROOKLYN, NY 11219	BROOKLYN, NY 11219
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
BUSINESS FILINGS INC	ORPORATED
Nam	e

1200 SOUTH PINE ISLAND ROAD
Florida street address (P.O. Box NOT acceptable)

PLANTATION FL 33326

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..

/ s / Brenna Lutter

Registered Agent's Signature (REQUIRED)

(CONTINUED)



	uthorized Member	Name and Address:
"MGR" = Mai	nager	CARA DI UNISHDERIC
MGR		SARA BLUMENBERG 1318 48TH STREET
		BROOKLYN, NY 11219
		BROOKLIN, NT 11219
-		
(Use attachme	ent if necessary)	
*		
ICLE V: Effective	e date, if other than the date c	f filing: (OPTIONAL)
ICLE V: Effective	e date, if other than the date c isted, the date must be spec	ffiling: (OPTIONAL) rific and cannot be more than five business days prior to or 90 days after
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SARA BLUMENBERG
Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Optional)

- \$ 5.00 Certificate of Status (Optional)