

To:

Page 2 of 4

23-06-7 8:37:51 AM

3053284774

From: Yanet Avila

6/7/23, 2:31 PM

L23000277851

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230002061563))



H230002061563ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2023 JUN -7 PM 2:59
CORPORATIONS
PROFESSIONAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
1114 DUVAL TROPICANA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2023 JUN -7 PM 12:34
STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

2023 JUN -7 PM 12:34
STATE
TALLAHASSEE, FL
FILED

ARTICLE I- Name

The name of the Limited Liability Company is:

1114 DUVAL TROPICANA LLC

ARTICLE II- Address:

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

Principal Office Address

1114 DUVAL STREET
KEY WEST, FLORIDA 33040

Mailing Address

1114 DUVAL STREET
KEY WEST, FLORIDA 33040

ARTICLES III-

Other provisions if any

ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

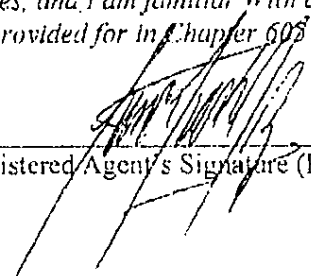
(The Liability Company cannot serve as its own Register Agent. You must designate an individual or another business entity with an active Florida registration)

The name and the Florida street address of the registered agent are:

JUAN C. BETANCUR
1114 DUVAL STREET
KEY WEST FLORIDA 33040

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS

Registered Agent's Signature (REQUIRED)



ARTICLES V- Manager [s] or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

JUAN C. BETANCUR
1114 DUVAL STREET
KEY WEST, FLORIDA 33040

AMBR

GEORGE E. RIORDAN
1114 DUVAL STREET
KEY WEST, FLORIDA 33040

AMBR



DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 JUN - 7 PM 12: 34

FILED

ARTICLE VI: effective date, if other than the date filing 03/04/2021 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date filing)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

This document is executed in accordance with section (605.0203 (1) (B) Florida statutes ,I am aware that any false information submitted in a document to the Department of State constitutes third degree felony as provide for in s. 817.155, F.S.

JUAN C. BETANCUR