Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. SETTE HOSPITALITY, LLC

Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$155.00

J. FASON

MAY 0 4 2018

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 12143052508 Date: 05/03/18 Time: 9:53 AM Page: 02/03

(((H180001393203))) From: ATA Connector To: FAX SERVICE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is:

SETTE HOSPITALITY, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 111 North Orange Avenue, Suite # 800, Orlando, Florida 32801.

This address may be changed from time to time as provided in the Operating Agreement.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED **AGENT'S SIGNATURE:**

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

Larry J. Behar, as President of Behar Law Group 888 Southeast Third Avenue, Suite # 400 Fort Lauderdale, Florida 33316

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.

Lafry J. Behar, Registered Agent

To: 18506176381 From: 12143052508 Date: 05/03/18 Time: 9:53 AM Page: 03/03

To: FAX SERVICE

From: ATA Connector

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ARTICLE IV MANAGEMENT:

The name and address of each person authorized to manage and control the Limited Liability Company are:

Title: ·

Name and Address:

Managing Member

livin Dudus

111 North Orange Avenue

Sulte # 800

Orlando, Florida 32601

Signature of Managing Member:

irvin Judus, Sole Managing Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in \$.817.155, F.S.):