

5/3/2018

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Florida Department of State
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
Phone : (844)386-0178
Fax Number : (214)317-4754

****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

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2018 MAY -3 PM 1:31

REGISTRARS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

J. FASON

MAY 04 2018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY -3 AM 10:14

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To: FAX SERVICE

From: ATA Connector

(((H18000139320 3)))

**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.

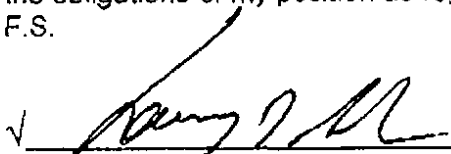
This address may be changed from time to time as provided in the Operating Agreement.

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.



Larry J. Behar, Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV - MANAGEMENT:

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

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Irvin Dudas 111 North Orange Avenue Suite # 800 Orlando, Florida 32801

Signature of Managing Member:



Irvin Dudas, 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 felony as provided for in s.817.155, F.S.):