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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : CUMMINGS & LOCKWOOD
Account Number : 102336001100
Phone : (941) 649-3186
Fax Number : (941) 263-0703

LIMITED LIABILITY COMPANY

AXIS HOSPITALITY GROUP LLC

Certificate of Status	0
Certified Copy	1
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Public Access Help

**ARTICLES OF ORGANIZATION
OF
AXIS HOSPITALITY GROUP LLC**

ARTICLE I

Name

The name of this Limited Liability Company is **AXIS HOSPITALITY GROUP LLC** (the "Company").

ARTICLE II

Duration

The period of duration for the Company is perpetual.

ARTICLE III

Address

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

c/o Vincent Gregg Shy
847 Tanbark Drive, #104
Naples, Florida 34108

ARTICLE IV

Registered Office and Agent

The initial registered office of this Company shall be c/o Vincent Gregg Shy, 847 Tanbark Drive, #104, Naples, Florida 34108, and its initial registered agent at such office shall be Vincent Gregg Shy.

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 608, F.S.


Vincent Gregg Shy
Registered Agent


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ARTICLE V
Management

The Company is to be managed by one or more managers and the name and address of the manager who shall serve as manager until the first annual meeting or until his successor is chosen is:

Vincent Gregg Shy
847 Tanbark Drive, #104
Naples, Florida 34108

Dated this 1st day of June, 2000.


Vincent Gregg Shy
Manager

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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