

# L00000007420

Requestor's Name  
 1143 N.W. 131st Ave.  
 Address  
 Pembroke Pines, Fl. 33028  
 City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **600003302146--4**
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **-06/19/00--01134--020**  
**\*\*\*250.00 \*\*\*125.00**
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

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 JUN 19 PM 4:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

L00-7420

|                   |                    |
|-------------------|--------------------|
| Name              | <i>[Signature]</i> |
| Availability      | <i>[Signature]</i> |
| Document Examiner | <i>[Signature]</i> |
| Updater           | <i>[Signature]</i> |
| Master Verifier   | <i>[Signature]</i> |
| Acknowledgment    | <i>[Signature]</i> |
| W. P. Verifier    | <i>[Signature]</i> |

FF \$125.00

|                     |  |
|---------------------|--|
| Examiner's Initials |  |
|---------------------|--|

**ARTICLES OF ORGANIZATION**

**HOTEL WEB SOLUTIONS.COM, LLC**

**ARTICLE I:** The name of the Limited Liability Company is:

Hotel Web Solutions.com, LLC

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

2300 Corporate Blvd. N.W., Suite 232, Boca Raton, FL 33431.

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

Louis S. Beck; 2300 Corporate Blvd. N.W., Suite 232, Boca Raton, FL 33431.

*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.*



\_\_\_\_\_  
Louis S. Beck

**ARTICLE IV:** The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company.



\_\_\_\_\_  
Member

(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.)

\_\_\_\_\_  
Louis S. Beck  
Member

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TALLAHASSEE, FLORIDA

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