

L010000002948  
TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

000003707050-5  
-02/16/01-01063-006  
\*\*\*293.75 \*\*\*160.00

SUBJECT: Supertel Venvure Group, L.L.C.  
(Proposed limited liability company name - must include suffix)

FILED  
01 FEB 26 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☒ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☐ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

FROM: BEN H. MOORE  
Name (Printed or typed)

1400 W. FAIRBANKS AVENUE #201  
Address

WINTER PARK FL 32789  
City, State & Zip

407-6044-3119  
Daytime Telephone number

L01-2948  
QR

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 19, 2001

BEN MOORE  
1400 W. FAIRBANKS AVENUE #201  
WINTER PARK, FL 32789

SUBJECT: SUPERTEL VENYURE GROUP, L.L.C.  
Ref. Number: W01000003877

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SUPERTEL VENYURE GROUP, L.L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please delete the affidavit information be sure to leave the signature of the member.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 601A00010403

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Supertel Venture Group, L.L.C.

**ARTICLE II - Address:**

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

501 N. Orlando Avenue, Ste 141  
Winter Park, FL 32789

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

perpetual

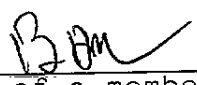
**ARTICLE IV - Management:**

**(check and complete the appropriate statement)**

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Jake Lee  
501 N. Orlando Avenue, Ste 141  
Winter Park, FL 32789

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

  
\_\_\_\_\_  
Signature of a member or an authorized representative  
of a member

BEN H MOORE  
\_\_\_\_\_  
Typed or printed name of signee

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01 FEB 26 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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01 FEB 26 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is: Supertel Venture Group, L

2. The name and address of the registered agent and office is:

Jake Lee

(NAME)

501 N. Orlando Avenue, Ste 141

(P.O. Box NOT ACCEPTABLE)

Winter Park, FL 32789

(CITY/STATE/ZIP)

*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.*

  
(SIGNATURE)

1-29-01  
(DATE)