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Requester Name

Address

City/State/Zip

Phone #

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***125.00 ***125.00

Office Use Only

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

1. WELLINGTON HOTEL PARTNERS LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

W01-8138

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

2001 JUN - 1 AM 11:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

54



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 11, 2001

WELLINGTON HOTEL PARTNERS LLC
4732 N DALE MABRY
TAMPA, FL 33614

SUBJECT: WELLINGTON HOTEL PARTNERS LLC
Ref. Number: W01000008138

We have received your document for WELLINGTON HOTEL PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 301A00021431

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 2, 2001

WELLINGTON HOTEL PARTNERS LLC
4732 N DALE MABRY
TAMPA, FL 33614

We have received your document for WELLINGTON HOTEL PARTNERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 501A00025969

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WELLINGTON HOTEL PARTNERS LLC

ARTICLE II - Address:

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

4732 N. DALE MABRY

TAMPA, FL 33614

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

AMER ASMAR

Name

4732 N. DALE MABRY

Florida street address (P.O. Box NOT acceptable)

TAMPA, FL 33614

City, State, and 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 as provided for in Chapter 608, F.S..

Amer Asmar

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Amer Asmar
Signature of a member or an authorized representative of a 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.)

Amer ASMAR

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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