Marc Slages Requester's Name PO 130x 14593 Address Tall FL 32317 850 591-2054 City/State/Zip Phone #	SECRETARY OF STATE ON SIGNED OF CORPORATIONS OF CORPORATIONS
Address Tell FL 32317 885 591-2654	PA
Tell FL 32317 885 591-2654 City/State/Zip Phone #	F STATE PORATE
	D NS
 -	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUMB	ER(S), (if known):
1. Red Hote, LC (Corporation Name) (Doo	ument #)
2.	41 02 JE
(Corporation Name) (Do	nument#)
3(Corporation Name) (Do	2: 56
4. (Corporation Name) (Do	cument #)
Walk in Pick up time Mail out Will wait Photoco	Certified Copy Certificate of Status
NEW FILINGS AMENDA	####160.00 *###160.00
N Limited Liability	nation of R.A., Officer/Director e of Registered Agent ution/Withdrawal
Availability REGISTI	ATION/QUALIFICATION
Document Examiner DCC Examiner Annual Report Updater Fictitions Name Updater Reins Trade	ed Partnership atement
Verifyer DCC Ackno /adgement DCC W. P. Ve@@@031(7/97) DCC	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Red Hotel, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is;
PO Box 14503
Tallahossee FL 32317
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Marc Slaver
Name Name
Florida street address (P.O. Box NOT acceptable)
16/16 FL 38312 FL
City, State, and Zip
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
Registered Agent's Signature
Registered Agents 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)
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.)
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)