L04000038955

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000110625 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

04 MAY 24 PM 1:00

RECEIVED

LIMITED LIABILITY COMPANY

milestone hospitality, llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

L04-38955
OK

Electronic Filing Menu Corporate Filing Public Access Help

MAY-21-2004 00:52 EMPIRE P.01/04

H04000110625

(4)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MILESTONE HOSPITALITY, LLC

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

Principal Office Address:	**Mailing Address:**
142 OAKWOOD LANE	"SAME"
PALM BEACH GARDENS, FL 32410	

FILED
2004 MAY -1 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

SUMAN R. PATEL
Name

142 OAKWOOD LANE
Florida street address (P.O. Box NOT acceptable)

PALM BEACH GARDENS, FLORIDA 33410
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, Florida Statutes.

Registered Agent's Signature

H04000110625

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	SUMAN R. PATEL 142 OAKWOOD LANE PALM BEACH GARDENS, FL 33410
MGR	DINESH PATEL 439 SE 2ND STREET BELLE GLADE, FL 33430
MGR	SAROJ S.PATEL 142 OAKWOOD LANE PALM BEACH GARDENS, FL 33410
MGR	KALPANA PATEL 439 SE 2ND STREET BELLE GLADE, FL 33430

(Use attachment if necessary)
(Continue)

FILED
05 MAY 21 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

SUMAN R. PATEL
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)

H04000110625

ARTICLE IV- (Continue)

Title:	Name and Address:
MGR	LINCOLN PATEL 142 OAKWOOD LANE PALM BEACH GARDENS, FL 33410
MGR	SOHA PATEL 142 OAKWOOD LANE PALM BEACH GARDENS, FL 33410

FILED

04 MAY 21 P 9:3

TALLAHASSEE, FLORIDA

H04000110625