

L05000054629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

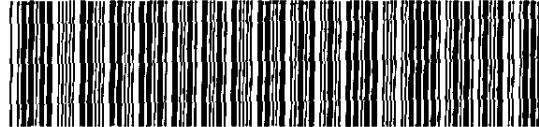
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RECEIVED  
05 JUN -2 PM 4:11  
DIVISION OF CORPORATION

FILED  
05 JUN -2 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 405898 11663B

AUTHORIZATION :

COST LIMIT : \$ 130.00

FILED  
05 JUN -2 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 2, 2005

ORDER TIME : 3:59 PM

ORDER NO. : 405898-010

CUSTOMER NO: 11663B

CUSTOMER: Jerome W. Vogel, Esq.  
Kubicki Draper

Suite 1600  
One E. Broward Boulevard  
Ft. Lauderdale, FL 33301

DOMESTIC FILING

NAME: SHUBH HOTELS TOLEDO, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
05 JUN -2 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHUBH HOTELS TOLEDO, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**701 NW 53 STREETBOCA RATON, FL33487**Mailing Address:**701 NW 53 STREETBOCA RATON, FL33487**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JANE C. RANKIN, ESQ.

Name

KUBICKI DRAPER, ONE E. BROWARD BLVD. #1600Florida street address (P.O. Box **NOT** acceptable)FORT LAUDERDALE FL 33301

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..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**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:**

MGR \_\_\_\_\_

SHUBH HOTELS TOLEDO INVESTMENTS, LLC

701 NW 53 STREET

BOCA RATON, FL 33487

(Use attachment if necessary)

**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.)  
Shubh Hotels Toledo Investments, LLC

Atul Bisaria  
Typed or printed name of signee

**Filing Fees:**

Manager

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)