L070000 19124

(Re	equestor's Name)	<u>.</u>
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/19/07--01016--015 **130.00

DIVISION OF CORPORATIONS

COVER LETTER

SUBJECT: The Re	servation Place, LLC (Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Renee Pitt				
	(Name of Person)		
The Reserv	ation Place, LLC			
		Firm/Company)		
7655 Debe	eaubien Drive		,	Z IAIF
		(Address)		17 4/ 1018
Orlando, F	L 32835		•	nh FEB 19
		/State and Zip Code)		• •
For first or information	concerning this matter, please	call:		B 19 PH 2: 11
For turtner information (
		407 \ \ 517-496	9	
Renee Pitt	of Person)	at (407) 517-496 (Area Code & Daytime T		
Renee Pitt (Name	of Person) or the following amount:	at (407) 517-496 (Area Code & Daytime To		=
Renee Pitt (Name		at (407) 517-496 (Area Code & Daytime To Code & Daytime To Code & Code		ee, &
Renee Pitt (Name	or the following amount: \$\square \text{\$130.00 Filing Fee &}\$	(Area Code & Daytime To	\$160.00 Filing For Certificate of Status Certified Copy	ee, &

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Li		Company is:				
The Reservation P						
(Must end with the words	"Limited Liability C	Company, "Limited	Company" or their abbreviation "LLC,	" or "L.C.,")		
ARTICLE II - Ad The mailing addres		ress of the pri	ncipal office of the Limited Li	ability Comp	oany i	is:
Principal Office A	ddress:		Mailing Address:			
7655 Debeaubien Drive	e		7655 Debeaubien Drive			
Orlando, FL 32835			Orlando, FL 32835			
ARTICLE III - Re (The Limited Liability Cobusiness entity with an a	ompany cannot serve active Florida registra	as its own Registeration.)	Office, & Registered Agent's red Agent. You must designate an indivi	Signature: idual or another		<u></u>
			5		07	SE SE
	Renee Pitt				833	오높
	Name			8	유화.	
	7655 Debeaubien Drive			9	CR.	
	Florida street address (P.O. Box NOT acceptable)			PH	움수	
	Orlando		EI 32835		5	유 <u>도</u>
	Orlando,	City, State, an	<u> 1 12</u>		=	ALL
liability compa	ny at the place de	esignated in th	ccept service of process for the is certificate, I hereby accept th I further agree to comply with	ie appointmei	nt as	

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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Ma "MGRM" = M	nnager Managing Member	Name and Address:	
MGRM		Renee Pitt	
		7655 Debeaubien Drive	
		Orlando, FL 32835	
MGRM		Lawrence Pitt	
		7655 Debeaubien Drive	
		Orlando, FL 32835	
			07
			1
			FEB
			19
			7
			1
			\.\
LE V: Effect		ne date of filing: (OPTIO be specific and cannot be more than five business of	
REQUIRED	SIGNATURE:	,	
	RINEO G Signature of a mem	ber or an authorized representative of a member.	
	(In accordance with	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee