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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospitality & Beverage Institute, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Gilbertson
(Name of Person)

(Firm/Company)

455 W College Ave.
(Address)

Tallahassee FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Dan Gilbertson at (850) 322 6716
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Hospitality & Beverage Institute, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 455 West College Avenue, Tallahassee, Florida, 32301

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

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

Dan Gilbertson
Name
455 West College Avenue
Florida Street Address (P.O. Box NOT acceptable)
Tallahassee, Florida, 32301
City, State and Zip Code

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TALLAHASSEE, FLORIDA

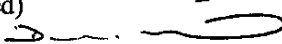
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

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)