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(Requestor's Name)	_
(Address)	_
(Address)	-
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
Certified Copies Certificates of Status	•
Special Instructions to Filing Officer:]

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Hospitality Resources G	Group, L.L.C.
2020		ted Liability Company)
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Bobby Stark	
		(Name of Person)
	Pioneer Financial Associate	es, Inc.
		(Firm/Company)
	138 North Moon Ave. Ste A	
		(Address)
	Brandon, Fl 33510	
	(C	ity/State and Zip Code)
For fur	ther information concerning this matter, pleas	se call:
Bob	by Stark	at (813) 653-3343 ext 25
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
₹ \$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hospitality Resources Group, L.L. (Must end with the words "Limited Lial ARTICLE II - Address:	bility Company, "L.L.C.," or "LLC.")		
The mailing address and street address of the	•	mpan	y is:
Principal Office Address:	Mailing Address:		
138 North Moon Ave.	138 North Moon Ave.		
Suite A	Suite A	-	
Brandon, Fl 33510	Brandon, FI 33510	-	
The name and the Florida street address of the Bobby Stark Name	oc .	07 SEP 19 F	VISION OF
138 North Moon Av		PH	
Florida street a	ddress (P.O. Box NOT acceptable)	$\ddot{\sim}$	
Brandon	_{FL} 33510	02	<u> </u>
City, State	, and Zip		7.
registered agent and agree to act in this capac statutes relating to the proper and complete	n this certificate, I hereby accept the appointmity I farther agree to comply with the provis	ment a sions o with a	as of all and

(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" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Vince Ferraro
MOHIM	217 Lithia Pinecrest Road
	Brandon, FL 33511
	Brandon, FE 33511
MGRM	Robert Jeffrey Stark
	138 North Moon Ave Ste A
	Brandon, FL 33510
(Use attachment if necessary)	
CLE V: Effective date, if other that	an the date of filing: (OPTIONA
effective date is listed, the date m	ust be specific and cannot be more than five business days
0 days after the date of filing.)	
	^
	\wedge
REQUIRED SIGNATURE:	Λ , $(\Lambda \Lambda \Lambda)$
	1)
11)_	V L#LL/
	MITTALLE
C:	nemper 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.)

Robert Jeffrey Stark

Typed or printed name of signee

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)