

L08000020764

Florida Department of State
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To: Division of corporations
Fax Number : (850)617-6383

L. SELLERS

From: Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

FEB 28 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SURFSIDE BEACH HOTEL MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

RECEIVED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surfside Beach Hotel Management, 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:

Michael J. Freeman, Esq.

(Name of Person)

Michael J. Freeman, P.A.

(Firm/Company)

153 Sevilla Avenue

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Freeman, Esq.

(Name of Person)

at (305) 442-1567

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, 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

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TALLAHASSEE, FLORIDA

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Fax Audit No.: H08000050193 3

No. 9192 P. 2

MICHAEL J. FREEMAN, P.A.

Feb. 26, 2008 5:56PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Surfside Beach Hotel Management, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

4838 Collins Avenue
SUITE 1714
MIAMI BEACH FL 33140

Mailing Address:

P.O. Box 140888
Coral Gables, FL 33114-0888

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

M.J.F. Registered Agent Corp.

Name

153 Sevilla Avenue

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables, FL 33134

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.

Michael J. Freeman, President
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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/P

Jacques G. Murray
c/o 4833 Collins Avenue Suite 1714
Miami Beach, FL 33140

VP

Randall King
c/o 4833 Collins Avenue SUITE 1714
Miami Beach, FL 33140

VP

Joel L. Simmonds
c/o 4833 Collins Avenue SUITE 1714
Miami Beach, FL 33140

S/T

Marie Claire Leon
c/o 4833 Collins Avenue SUITE 1714
Miami Beach, FL 33140

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Joel L. Simmonds, VP

Typed or printed name of signer

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)