

LO8000029247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

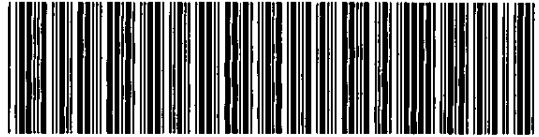
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LO800006651

Office Use Only

EFFECTIVE DATE 2-4-08



200117019902

02/06/08--01037--005 \*\*130.00

EFFECTIVE DATE  
2/4/08

FILED  
08 FEB - 6 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O'Neil MAR 21 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hotelier Services, 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:

Angel Pis-Dudot

(Name of Person)

Hotelier Services, LLC

(Firm/Company)

3718 Monserrate st

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Angel Pis-dudot

(Name of Person)

at ( 786 ) 3016559

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2008

ANGEL PIS-DUDOT  
3718 MONSERRATE ST  
CORAL GABLES, FL 33134

SUBJECT: HOTELIER SERVICES, LLC  
Ref. Number: W08000006651

We have received your document for HOTELIER SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 708A00008140

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Hotelier Services, 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:

3718 monserrat St  
Coral Gables, FL 33134

### Mailing Address:

3718 monserrat St  
Coral Gables, FL 33134

## 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:

Angel Pis-Dudot

Name

3718 monserrat st

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

Coral Gables, fl 33134

City, State, and Zip

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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, F.S.*



Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 2-4-08

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Angel Pis-Dubot  
3718 Mon Severe St  
Coral Gables, FL 33134

MGRM

Miguel Pis-Benitez Benitez  
8438 S.W. 81st APT #409-B  
Miami, FL 33144-4112

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/4/08 (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:**

Angel Pis-Dubot

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.)

Angel Pis-Dubot

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)

**FILED**  
**08 FEB -6 PM 3:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**