

W8000065187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

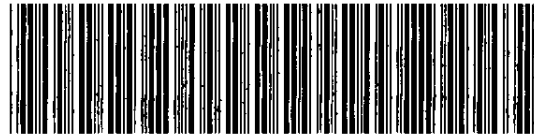
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900132000109

07/03/08--01036--001 **130.00

FILED
2008 JUL -3 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL - 7 2008

EXAMINER



MAZILI HOTEL GROUP
A HOTEL INVESTMENT BROKERAGE COMPANY

Division of Corporations
P.O BOX 6327
Tallahassee, FL 32314

To whom it may concern,

Please find enclosed our articles of organization and the filing fees.

My name is Julian Mazili, President of Mazili Hotel Group, Inc and Managing Member of Mazili Hotel Group, LLC.

Our address : 5501 W Spruce St
 Suite B-40
 Tampa, FL 33607
 813-868-1880

Sincerely,

Julian Mazili
Managing Member.

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUL -3 PM 12:21

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAZILI HOTEL GROUP, 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:

JULIAN A. MAZILI

(Name of Person)

MAZILI HOTEL GROUP, LLC

(Firm/Company)

5501 W SPRUCE ST, SUITE B40

(Address)

TAMPA, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIAN MAZILI

(Name of Person)

813

at ()

8681880

(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

FILED
2008 JUL -3 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAZILI HOTEL GROUP, 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:

5501 W SPRUCE ST

SUITE B 40

TAMPA, FL 33607

Mailing Address:

5501 W SPRUCE ST

SUITE B 40

TAMPA, FL 33607

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:

JULIAN MAZILI

Name

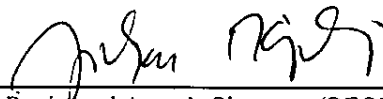
5501 W SPRUCE ST, SUITE B 40

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

TAMPA, FL 33607

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
20 JUL -3 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JULIAN A. MAZILI

12522 EAGLES ENTRY DR

ODESSA, FL 33556

MGRM

KIMBERLY MAZILI

12522 EAGLES ENTRY DR

ODESSA, FL 33556

MGRM

WILLIAM F. DEMERY

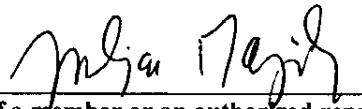
40950 WOODWARD AVE, SUITE 201

BLOOMFIELD HILLS, MI 48304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/10/2008 (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.)

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
2008 JUL -3 PM 12:21
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA