

L09600014886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

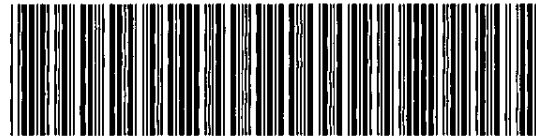
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09 FEB 13 PM 4:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 FEB 13 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 16 2009

EXAMINER

# **RUTLEDGE, ECENIA & PURNELL**

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ATTORNEYS AND COUNSELORS AT LAW

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GOVERNMENTAL CONSULTANTS  
JONATHAN M. COSTELLO  
MARGARET A. MENDUNI

*VIA HAND DELIVERY*

## **MEMORANDUM**

TO: Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

FROM: Teri Choulat  
for Maggie M. Schultz

DATE: February 13, 2009

RE: Filing of Articles of Organization for:  
Hospitality Services of New Port Richey, LLC

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09 FEB 13 AM 8:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Attached for filing are the original Articles of Organization for Hospitality Services of New Port Richey, LLC, along with a check in the amount of \$125.00 for the filing fee. Please call us at 681-6788 if you have any questions. We would appreciate a call to pick up the filed Articles when they are ready. Thank you.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hospitality Services of New Port Richey, 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:

Maggie M. Schultz, Esq. (Please call for pick up: 681-6788)  
(Name of Person)

Rutledge, Ecenia & Purnell, P.A.  
(Firm/Company)

P.O. Box 551  
(Address)

Tallahassee, FL 32302-0551  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maggie M. Schultz at ( 850 ) 681-6788  
(Name of Person) (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

**ARTICLES OF ORGANIZATION  
OF  
HOSPITALITY SERVICES OF NEW PORT RICHEY, LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is Hospitality Services of New Port Richey, LLC

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company in the State of Florida shall be located at:

Jeff Roberts  
7832 Fashion Loop  
New Port Richey, Florida 34654

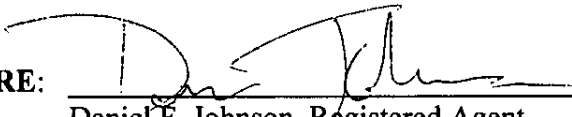
**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent shall be:

Daniel F. Johnson  
Twin Lakes Plaza  
31940 US 19 N:  
Palm Harbor, Florida 34684

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.

**SIGNATURE:**

  
Daniel F. Johnson, Registered Agent

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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:

Jeff Roberts, Manager  
7832 Fashion Loop  
New Port Richey, Florida 34654

**REQUIRED SIGNATURE:**

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.

**SIGNATURE:**

  
\_\_\_\_\_  
Jeff Roberts, Manager