# L09000101529

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S. HAWKES

OCT 2 0 2009

EXAMINER

# **COVER LETTER**

	on Section f Corporations	
SUBJECT:	SLE HOS	PITALITY GROUP, LLC
		ted Liability Company
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.
Please return all co	rrespondence concerning this ma	tter to the following:
	Н.,	J. UNDERILL, III
		Name of Person
		Firm/Company
	490 N. F	IARBOR CITY BLVD.
		Address
		RNE, FLORIDA 32935
	C	ity/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further informa	tion concerning this matter, pleas	se call:
	SUSANNE K.	at ( 321 ) 242-2224 X112
N \	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
<b>∕</b> \$125.00 Filing F	ee \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 Limit	: ited Liability Company i	s:
	SLE HOSPITALIT	Y GROUP, LLC
(Must e	end with the words "Limited Lia	bility Company," "L.L.C.," or "LLC.")
ARTICLE II - Addr	ess:	
The mailing address a	and street address of the	principal office of the Limited Liability Company is:
Principal Office Add	lress:	Mailing Address:
490 N. HARBOR C MELBOURNE, FL		SAME
(The Limited Liability Comp business entity with an acti	pany cannot serve as its own Reg ve Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
The name and the Flo	orida street address of the	ERILL, III
	H.J. UND	ERILL, III
_	Nan	ne Sign of
	490 N. HARBO	PR CITY BLVD.
	Florida street address (P.	O. Box NOT acceptable)
!	MELBOURNE FL 3293	35 <sub>FL</sub>
_	City, State	
		o accept service of process for the above stated limited

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

GR" = Manager GRM" = Managing Member RM	UNDERILL FAMILY VENTURES, LLLP  490 N. HARBOR CITY BLVD.  MELBOURNE, FL 32935
RM .	UNDERILL FAMILY VENTURES, LLLP 490 N. HARBOR CITY BLVD. MELBOURNE, FL 32935
	The state of the s
<del></del>	
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attachment if necessary)	
V: Effective date, if other the ve date is listed, the date is after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p
<u>DUIRED</u> SIGNATURE:	
, <del></del>	
(In accordance	member or an authorized representative of a member. with section 608 408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury
	ated herein are true.)
that the facts st	
that the facts st	H.J. UNDERILL, III
that the facts st	H.J. UNDERILL, III  Typed or printed name of signee
that the facts standard filling Fees:	