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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rich Hospitality LLC Name of Limited Liability Company	11 共界 15
The enclosed Articles of Organization and fee(s) are submitted for filing.	至
Please return all correspondence concerning this matter to the following:	چ ع
Anthony Rich	
PNAME OF PERSON	
Rich Hospitality LLC	
Firm/Company	
P.O. Box 442083 Address	
Jacksonville, FL 32222 City/State and Zip Code	
,	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Anthony Rich at (904) 400-087. Name of Person Area Code & Daytime Telephone	3
Name of Person Area Code & Daytime Telephone	: Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	60.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: Rich Hospitality LU (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:
(Must end with the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:
7530 Ginger Tea Trail W P.O. Box 442083 Jacksonville, FL 32244 Jacksonville, FL 32222
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:
Anthony Rich
Florida street address (P.O. Box NOT acceptable) Jacksonville, FL 32244 City, State, and Zip
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)

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	Anthony Rich P.O. Box 442083 Jacksonville, FL 32222
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation under I am aware that any false information constitutes a third degree felong	8.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Anthon Ty	ped 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)