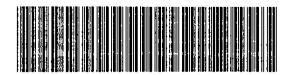
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
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COVER LETTER

TO:

Registration Section

Division of	Corporations	
SURJECT. Emp	oire Hospitality Stat	ffing LLC
<u>.</u>		ed Liability Company
The enclosed Article	s of Organization and fee(s) are	submitted for filing.
Please return all corr	espondence concerning this mat	ter to the following:
Daniel (Cortes	
		Name of Person
		Firm/Company
5540 O	M CO OT	Tanycompany
5540 5	W 63rd CT	Address
N. Aliminati - El	22455	
<u>Miami, FI</u>		y/State and Zip Code
daniel@e	mpirehospitalityllc.com	1
	·	for future annual report notification)
For further informati	on concerning this matter, please	e call:
Benjamin Reg		at (703) 8610783 Area Code & Daytime Telephone Number
Nai	me 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 & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A.	RTI	CU	Æ.	τ.	Nα	me:

The name of the Limited Liability Company is:

Empire Hospitality Staffing 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:5540 SW 63rd CT3101 Indian Creek Dr Suite 309Miami, FL, 33155Miami Beach, FL 33140

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:

Daniel C	Cortes
	Name
5540 5	SW 63rd CT
	Florida street address (P.O. Box NOT acceptable)
Miami	_{FL} 33155
	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

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SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r
MGR	Daniel Cortes
	5540 SW 63rd CT
	Miami, FL, 33155
MGRM	Benjamin Regalado
	3101 Indian Creek Dr Suite 309
	Miami Beach, FL 33140
40.5	
(Use attachment if necessary)	
TOT TO TAKE THE COMMENT OF THE SECOND STATES OF THE SECOND	- de des serves N/A (OPTIONAL)
	an the date of filing: N/A
90 days after the date of filing.)	iust de specific and camiot de more man five dusmess days p
20 days after the date of ming.	
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REQUIRED SIGNATURE:	
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REQUIRED SIGNATURE:	2200
4	The state of the state of a mambar
4	member or an authorized representative of a member.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Daniel Cortes

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)