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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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11 JUL 13 PM 12:37  
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D. BRUCE

JUL 14 2011

EXAMINER

LAW OFFICES  
**RICHARD B. SCHREIBSTEIN, LLC**  
40 CORPORATE CENTER  
10480 LITTLE PATUXENT PARKWAY  
SUITE 800  
COLUMBIA, MARYLAND 21044  
PHONE (443) 276-1818  
FAX (443) 276-1823

**Michael A. Schreibstein**  
*Legal Assistant*

DIRECT DIAL (443)276-1822  
E-mail: [mike@rbslaw.net](mailto:mike@rbslaw.net)

July 12, 2011

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

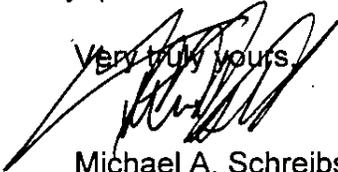
Re: Lakeland Park Hospitality, LLC

Dear Sir or Madam:

Enclosed please find an executed copy of the Articles of Organization for Lakeland Park Hospitality, LLC along with a check in the amount of \$125.00 made payable to the Florida Department of State for the applicable filing fee.

We would appreciate if you can return a copy of the filing confirmation to my attention. Please contact me with any questions or concerns.

Very truly yours,



Michael A. Schreibstein

Enclosure

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11 JUL 13 PM 3:37  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lakeland Park Hospitality, 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:

**Richard B. Schreiberstein, Esquire**

Name of Person

**Richard B. Schreiberstein, LLC**

Firm/Company

**40 Corporate Center, 10480 Little Patuxent Parkway, Suite 800**

Address

**Columbia, Maryland 21044**

City/State and Zip Code

**richard@rbslaw.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Richard B. Schreiberstein, Esquire**

Name of Person

at ( **443** ) **276-1818**

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakeland Park Hospitality, 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:

3785 NW 82nd Avenue

Suite 204

Miami, Florida 33166

Mailing Address:

7871 Belle Point Drive

Greenbelt, Maryland 20770

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:

Chirag Desai

Name

3759 NW 79th Avenue,

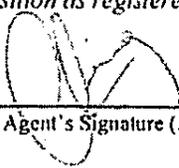
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33166

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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:**

MGRM

Amit N. Patel

7871 Belle Point Drive

Greenbelt, Maryland 20770

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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. I am aware that any false information submitted in a document to the Department of Banking and Finance, Florida constitutes a third degree felony as provided for in s.817.155, F.S.)

Richard B. Schreiberstein, Esquire

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)

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11 JUL 19 PM 12:37  
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TALLAHASSEE, FLORIDA