

L/2000002743

(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:

W11-62454

A. LUNT

JAN - 6 2011

EXAMINER

Office Use Only



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12/13/11--01015--010 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JAN -3 PM 2:00

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2011

DESMOND YOUNG  
340 ROYAL POINCIANA WAY STE 306  
PALM BEACH, FL 33480

SUBJECT: INK ACQUISITION VII LLC  
Ref. Number: W11000062454

We have received your document for INK ACQUISITION VII LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 411A00027928

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INK ACQUISITION VII 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:

Desmond Young

Name of Person

Island Hospitality Management Inc

Firm/Company

340 royal Poinciana Way Ste 306

Address

Palm Beach, Fl 33480

City/State and Zip Code

DYOUNG@IH-CORP.COM

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

For further information concerning this matter, please call:

DESMOND YOUNG

Name of Person

at ( 561 ) 2271368

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

2012 JAN -3 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INK ACQUISITION VII 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:270 Douglas Ave  
Altamonte Springs, FL 32714Mailing Address:340 Royal Poinclana Way  
Sie 306  
Palm Beach, FL 33480

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

CT Corporation System  
Name1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation FL 33324

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)**Madonna Cuddihy**  
**Special Assistant Secretary**

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**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

CHATHAM LODGING  
50 COCOANUT ROW STE 216  
PALM BEACH, FL 33480

SECONDARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JAN -3 PM 2:09

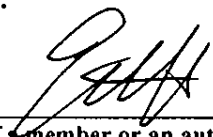
FILED

(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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

*Eric Kentoff - VP of Chatham Lodging LP*  
\_\_\_\_\_  
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)