L12000102218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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B. KOHR

AUG - 8 2012

EXAMINER

800238112608

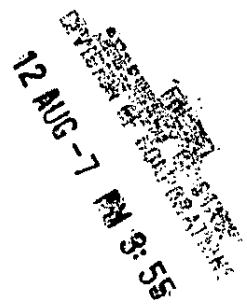
800238112608
08/07/12--01019--008 **130.00

EFFECTIVE DATE 8/4/2012

FILED
12 AUG -7 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations



SUBJECT: Hotelier Management Services, 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:

Angel Pis-Dudot
Name of Person

EFFECTIVE DATE 8/4/2012

Hotelier Management Services, LLC
Firm/Company

14640 NW 60th ave
Address

Miami Florida 33014
City/State and Zip Code

angel@hotelierlinen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Pis-Dudot at (786) 3016559
Name 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 & 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

EFFECTIVE DATE 8/4/2012

12 AUG 7 PM 3:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Hotelier Management Services,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:**
14640 NW 60th Ave Miami, Florida 33014	14640 NW 60th Ave Miami,Florida 33014

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:

Angel Pis-Dudot
Name

14640 NW 60th Ave
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33014
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:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
President-MGRM	Angel Pis-Dudot 3718 monserrate st Coral Gables fl 33134
VP-MGRM	Miguel A. Pis-Benitez 8430 SW 8th st Apt 408-B Miami Fl 33144
Secretary-MGR	Karl Gouverneur 12895 North Cobblestone Court Mequon WI 53097
MGRM VP Operations	Agustin Rojas 5351 SW 88th ct Miami fl 33165

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-4-12 . (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.)

Angel Pis-Dudot

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)