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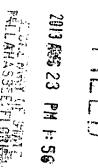
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Hospitality Marketing & Design Consulting, 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:

Angelo Zaragovia Name of Person Hospitality Marketing & Design Consulting, LLC Firm/Company 4651 Sheridan St, Suite 303 Address Hollywood, FL 33021 City/State and Zip Code risa.nelson1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

954

Angelo Zaragovia

·		at ()	
Name of Person		Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee Certificate of Status

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

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

9891810

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hospitality Marketing & Design Consulting, LL		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street addres	s of the principal office of the Limited L	iability Compan
Principal Office Address:	Mailing Address:	
4651 Sheridan St, Suite 303	4651 Sheridan St, Ste 303	
Hallianne d. El. 22024	Hollywood, FL 33021	
Hollywood, FL 33021	Honywood, FE 33021	
ARTICLE III - Registered Agent, I The Limited Liability Company cannot serve as i business entity with an active Florida registration	Registered Office, & Registered Agent ts own Registered Agent. You must designate an indi	
	Registered Office, & Registered Agent ts own Registered Agent. You must designate an indin.) ess of the registered agent are:	
ARTICLE III - Registered Agent, I The Limited Liability Company cannot serve as i business entity with an active Florida registration The name and the Florida street addre	Registered Office, & Registered Agent ts own Registered Agent. You must designate an indi	vidual or another
ARTICLE III - Registered Agent, I The Limited Liability Company cannot serve as i business entity with an active Florida registration The name and the Florida street addre	Registered Office, & Registered Agent ts own Registered Agent. You must designate an indin.) ess of the registered agent are:	vidual or another 2013 Apr 23
ARTICLE III - Registered Agent, I The Limited Liability Company cannot serve as i business entity with an active Florida registration The name and the Florida street addre Angelo Zaragovia 4651 Sheridan St, Su	Registered Office, & Registered Agent ts own Registered Agent. You must designate an indin.) ess of the registered agent are:	vidual or another
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ARTICLE III - Registered Agent, I The Limited Liability Company cannot serve as i business entity with an active Florida registration The name and the Florida street addre Angelo Zaragovia 4651 Sheridan St, Su Flori Hollywood, FL	Registered Office, & Registered Agent ts own Registered Agent. You must designate an indin.) ess of the registered agent are: Name ite 303 da street address (P.O. Box NOT acceptable) FL	vidual or another 2013 kg 23 PM 56

(CONTINUED)

Registered Agont Signature (REQUIRED)

Page 1 of 2

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	
MGRM	Angelo Zaragovia
	4651 Sheridan St Ste 303
	Hollywood, FL 33021
MGRM	Sebastian Zaragovia
	4651 Sheridan St Ste 303
	Hollywood, FL 33021
	(c) (N)
	- Chi
	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days ing.)
REQUIRED SIGNATURE:	
Signature of a r	member of an authorized representative of a member.
constitutes an affirmation I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.)
Angelo Zaragov	
	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)