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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wilton 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:	
Maggie M. Schultz, Esq.	
Name of Person	<del></del>
Rutledge Ecenia, P.A.	
Firm/Company	
119 S. Monroe Street, Suite 202	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
Rob Brumbaugh: adman488@aol.com  E-mail address: (to be used for future annual report notification)	cation)
For further information concerning this matter, please call:	2014
Maggie Schultz 850 681-6788	mber SS
Name of Person at ( Area Code ) Daytime Telephone Nu	11110,C1 LAJ 1
	EFLORIAN CO. 5
Certificate of Status Certified Copy Co (additional copy is enclosed) Ce	60.00 Filing Fee. 55 ertificate of Status & ertified Copy itional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Witton Hospitality LLC	(Must end with the words	"Limited Liability Company, "L.L.C	
		<b>,</b>	,,
The mailing addres		rincipal office of the Limited Liabili	ty Company is:
Principal Office A	ddress:	Mailing Address:	
2440 Witton Drive		2440 Wilton Drive	
Wilton Manors, FL 3330	5	Wilton Manors, FL 33305	
	Provide the street address of the Robert Brumbaugh Jr.,	registered agent are:	<del></del>
		Name	
	2440 Wilton Drive		<u>—</u>
	Florida street address	(P.O. Box <u>NOT</u> acceptable)	
	vviiton ivianors	FL 33305	
	City	Zip	
the place design capacity. I furthe	nated in this certificate, I here agree to comply with the p d I am familiar with and acco	accept service of process for the above by accept the appointment as register rovisions of all statutes relating to the ept the obligations of my position as rechapter 605, F.S  nt's Signature (REQUIRED)	ered agent and agree to act in this e proper and complete performance
	(C)	ONTINUED)	Vary SSE

Page 1 of 2

Title:	4 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name and Address:
"AMBR" = "MGR" =	= Authorized N	1ember	
MOK -	ivianagei		Robert Brumbaugh Jr ,
Managi	na Membe	r	2440 Wilton Drive
Managing Member	· L	Wilton Manors, FL 33305	
			<del></del>
Use attacl	nment if necess	arv)	
Use attacl	nment if necess	ary)	
EV: Effec	ctive date, if oth	er than the date of	of filing: (OPTIONAL)
EV: Effec	ctive date, if oth	er than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date	ctive date, if oth	er than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date	tive date, if oth is listed, the d	er than the date of ate must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
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EV: Effective date f filing.)	ED SIGNATU  Sig: (In accordance constitutes a I am aware t	any.  RE:  nature of a ment be with section 60 an affirmation unthat any false infer third degree feld.	nber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

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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) 014 FEB - 7 AM 10: 57