

L15000003126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

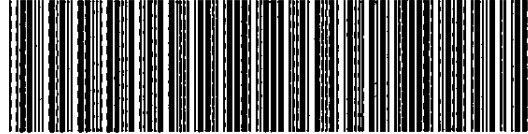
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400267713584

12/23/14--01025--003 \*\*125.00

FILED  
2014 DEC 23 PM 3:13  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

JAN 07 2015  
D. BRUCE

ulmer|berne|llp  
ATTORNEYS

JEANETTE M. ASHLEY  
*Paralegal*

direct 513.698.5066  
facsimile 513.698.6067  
jashley@ulmer.com

December 22, 2014

**VIA FEDERAL EXPRESS**

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

**RE: Formation Documents for AT Hospitality, LLC**

Gentlemen:

Enclosed is a cover letter and Articles of Organization for AT Hospitality, LLC to be filed with your office. Please return a fully executed copy to my attention upon filing.

Please call me at the number below if you have any questions.

Sincerely,



Jeanette M. Ashley  
Paralegal

**FILED**  
2014 DEC 23 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Encls.  
30254-0003

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AT 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:

Jeanette Ashley  
Name of Person

Ulmer & Berne LLP  
Firm/Company

600 Vine Street, Suite 2800  
Address

Cincinnati, OH 45202  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jeanette Ashley at ( 513 ) 470-9468  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2014 DEC 23 PM 3:13

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AT 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:

Mailing Address:

1492 Corona Lane  
Vero Beach, FL 32963

1492 Corona Lane  
Vero Beach, FL 32963

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:

August J. Troendle

Name

1492 Corona Lane

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

Vero Beach

FL 32963

City

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 605, F.S.*

*AE*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 DEC 23 PM 3:13  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

August J. Troendle

1492 Corona Lane

Vero Beach, FL 32963

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Scott P. Kadish*

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Scott P. Kadish, Authorized Representative

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)

FILED  
2014 DEC 23 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA