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(Re	questor's Name)	
(Ad	dress)	
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	y/State/Zip/Phone	
(Cit	y/State/Zip/Pflone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	9)
(50	Siness Littly Name	e ,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2015 APR 13 PH 1:51

4PR 2 4 2015 J. HARRIS

COVER LETTER

TO:	Registration Division of 0	Section Corporations		
SUBJI	ECT: <u>Diapers</u>	s 2 Hotels LLC Name of Li	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	ire submitted for filing.	
Please	return all corre	spondence concerning this n	natter to the following:	
	Lyne But	terworth		
			Name of Person	
			F: /C	
			Firm/Company	
	2942 Asi	nland Lane	· · · · · · · · · · · · · · · · · · ·	
			Address	
	Kissimme	ee, Florida 34741		
		(City/State and Zip Code	
bu	itterL311@ao	l.com E-mail address: (to be use	ed for future annual report notification	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
<u>Lyne f</u>	<u>Butterworth</u> Nan	at (_	407) <u>933-1567</u> Area Code Daytime Te	lephone Number
. .				
		or the following amount:	_	_
ビ \$12 5.0	O Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mai</u>	iling Address	Street/Courier Add	res <u>s</u>
		istration Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Diapers 2 Hotels LLC	
	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	at one of the transfer of
The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2942 Ashland Lane	2942 Ashland Lane
Kissimmee, FL 34741	Kissimmee, FL 34741
another business entity with an active Florida registrem. The name and the Florida street address of the registrem.	,
Lyne Butterworth	
	ame
2042 Ashland Lane	
2942 Ashland Lane Florida street address (P.O.	Box NOT acceptable)
Tiorida direct address (1.5.	200 ITO I deceptable)
Kissimmee	FL 34741
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the C	ot service of process for the above stated limited liability company occept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance e obligations of my position as registered agent as provided for in Chapter 605. F.S.
(CONTI	INUED)
Psoe '	ருக்கு மே Iof2 டுக்கா

2015 APR 13 PM 1:51

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Lyne Butterworth
	2942 Ashland Lane
	Kissimmee, FL 34741
· · · · · · · · · · · · · · · · · · ·	
EV: Effective date, if other than active date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 or
ective date is listed, the date mu of filing.) E VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than ective date is listed, the date mu of filing.) E VI: Other provisions, if any.	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than ective date is listed, the date mu f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	st be specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than ctive date is listed, the date mu f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of a member or an authorized representative of a member.
E V: Effective date, if other than ctive date is listed, the date mu f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se	of a member or an authorized representative of a member.
E V: Effective date, if other than ctive date is listed, the date mu f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than ctive date is listed, the date mu f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa	of a member or an authorized representative of a member.
E V: Effective date, if other than ective date is listed, the date must filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmat I am aware that any falconstitutes a third degree	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than ective date is listed, the date must filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmat I am aware that any falconstitutes a third degree	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State eee felony as provided for in s.817.155, F.S.)

ARTICLE.IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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