

L15000 084773

(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



400272910344

05/15/15--01025--013 **160.00

FILED
15 MAY 15 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 21 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Casey Key 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:

Ann Kelly

Name of Person

Lodgeco Management

Firm/Company

5225 E. Pickard

Address

Mt. Pleasant, MI 48858

City/State and Zip Code

akelly@lodgeco.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Kelly

989

773-2400

at ()

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 Address

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:

Casey Key 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:

5225 E. Pickard

Mt. Pleasant, MI 48858

5225 E. Pickard

Mt. Pleasant, MI 48858

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:

Steve Mullen

Name

783 S. Orange Ave, Suite 210

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

Sarasota

FL

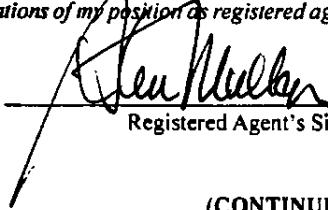
34236

City

State

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 MAY 15 AM 8:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

See Attachment

(Use attachment if necessary)

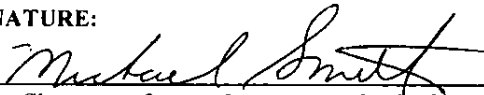
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Michael Smith

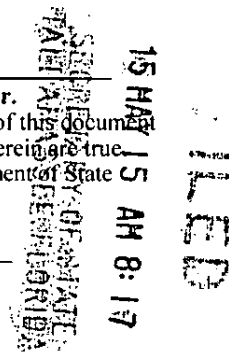
Typed or printed name of signee

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)



Casey Key Hospitality LLC
Articles of Organization for Florida Limited Liability Company
Attachment

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
AMBR	PMG Investment Holdings LLC 655 Meadowbrook Mt. Pleasant, MI 48858
AMBR	KDM Holdings LLC 205 N. Franklin Mt. Pleasant, MI 48858
AMBR	William L. Martin, Trustee or his Successor in Trust, of the William L. Martin Revocable Trust dated August 12, 1993 205 N. Franklin Mt. Pleasant, MI 48858
AMBR	Tri-Mar Investments LLC 205 N. Franklin Mt. Pleasant, MI 48858
AMBR	AR Hospitality Group II LLC 783 South Orange Avenue, Suite 210 Sarasota, FL 34236