

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Peter Law, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Michael.Escalante@r5Hospitality.com

FLORIDA LIMITED LIABILITY CO.
R5 Hospitality Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **R⁵ Hospitality Solutions LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2400 NE 65th St., Unit 308
Ft. Lauderdale, Florida 33308

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Michael Escalante
Name

2400 NE 65th St., Unit 308
Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale, Florida 33308
City, State, and 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: **Michael Escalante**

Article IV - Management:

This is a manger-managed Florida Limited Liability Company for purposes of Florida Statutes Section 605.0407. The name and address of each person authorized to manage and control the Limited Liability Company are:

Title:
Manager

Name and Address:
Michael Escalante
2400 NE 65th St., Unit 308
Ft. Lauderdale, Florida 33308

Article V - Effective Date:

The effective date of these Articles of Organization shall be upon the filing thereof with the Florida Department of State.

Required Signature:


Michael Escalante, Member
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.
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 Escalante
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)