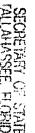
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COVER LETTER

	degistration Section Division of Corporations
SUBJECT	HB Suites LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Connie Simon
	Name of Person
	Firm/Company
	4281 Rudder Way
	Address
	New Port Richey, Florida 34652
	City/State and Zip Code
-	connieleetampa@gmail.com
	E-mail address: (to be used for future annual report notification)
or further in	nformation concerning this matter, please call:
	Connie Simon 727 2523740 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
]\$125.00 Fi	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLÉ I - Name:

The name of the Limited L	iability Company is:			
HB Suites LLC				S to
(Mus	et end with the words "Limited	Liability Company,	"L. L.C.," or " LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal of	fice of the Limited L	ciability Company is:	HASSEE
<u>Pr</u>	incipal Office Address:		Mailing Address:	300
4281 Rudder V	Vay, New Port Richey, FL 346		Rudder Way, Port Richey, Florida 34652	
(The Limited Liability Con another business entity with	ed Agent, Registered Office, & an an active Florida registration at the an active and the registration at the registered	Registered Agent. You	's Signature: ou must designate an individu	al or
	Connie Simon	Name		
		Tranic		
	4281 Rudder Way	(D.O. D. NOW		
	Florida street address	(P.O. Box NOT acc	eptable)	
	New Port Richey	Florida	34652	
	City	State	Zip	
place designated in this certij further agree to comply with		intment as registerea lating to the proper a	l agent and agree to act in this ind complete performance of m provided for in Chapter 605, i	capacity I y duties, and I

(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = A "MGR" = Ma	uthorized Member	Name and Address:		
MGR	inager	Connie Simon		
		4281 Rudder Way		
		New Port Richey, Florida 34652		
AMBR		Blair Houston		
	 -	9119 Ridge Road, Suite 28	· ·	
		New Port Richey, Florida 34654		
	•			
				
				
CLE V: Effective effective date is lee of filing.) If the date insert	listed, the date must be spected in this block does not m	of filing: 3/22/2016 (OPTION cific and cannot be more than five business days pride the applicable statutory filing requirements, this days of State's records	n r (o or ⁹ Ø.	-
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