

L160000 113503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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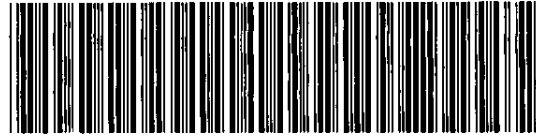
(Business Entity Name)

(Document Number)

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16 JUN 14 AM 11:23
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JUN 14 2016

T SCHROEDER

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

HC Hospitality Management, LLC

☐ Nonprofit

☐ Foreign

☐ Amendment

☐ Merger

☐ Limited Partnership

☐ Dissolution/Withdrawal

☐ Mark

☒ LLC

☐ Reinstatement

Formation

☐ Annual Report

☐ Other

☐ Name Registration

☐ Certified Copy

☐ Fictitious Name

☐ UCC

☐ Call When Ready

☐ CUS

☒ Walk In

☐ Photocopies

☐ Mail Out

☐ After 4:30

☐ Call If Problem

☒ Pick Up

☐ Will Wait

Name

Availability _____

Document

6/14/2016

Order#:

Examiner _____

10030176

Updater _____

KM

Ref#:

Verifier _____

W.P. Verifier _____

Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HC Hospitality Management
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:

Chris Farwig
Name of Person

Firm/Company

111 SW 2nd Ave
Address

FT Lauderdale, FL 33301
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Farwig at (804) 909-0944
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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

H.C. Hospitality Management, 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:

111 SW 2nd Ave

Sunny

FT Lauderdale, FL 33301

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation,

Florida

33324

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.

C T Corporation System

By:

Janifer Vincent VP Asst. Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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16 JUN 14 PM 4:25
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:

AMBR

Christopher Fairag
111 SW 2nd Ave.
Ft. Lauderdale, FL 33301

AMBR

Hani Atallah
111 SW 2nd Ave.
Ft. Lauderdale FL 33301

(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.

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.

Christopher Fairag

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)