1700016541

/Do	anatala Nama	
(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
\-	,	,
(Document Number)		
(50	ournent Humber,	
o er to :	0	
Certified Copies	_ Centificates	s of Status
Special Instructions to Filing Officer:		
:		
		Į
······		

Office Use Only



000294283560

17 JAN 24 PH 12: 37

2017 JAH 24 PH 2: 44

C. GOLDEN JAN 2 4 2017

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/24/17

NAME: HOTEL CONDO PRO LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

I dive Lora

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

2017 JAN 28 PN 28 45

ARTICLE I NAME

The name of the Limited Liability Company is:

HOTEL CONDO PRO LLC

ARTICLE II ADDRESS

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

1467 MARINER WAY

HOLLYWOOD, FLORIDA 33019

ARTICLE III REGISTERED AGENT

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

MICHAEL MIMOUN

1467 MARINER WAY

HOLLYWOOD, FLORIDA 33019

Having been named as registered agent and to accept service of process for the above stated limited llability 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.

MICHAEL MIMOUNY Registered Agent's signature

PAGE 2 HOTEL CONDO PRO LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
MICHAEL MIMOUN
1467 MARINER WAY
HOLLYWOOD, FLORIDA 33019

MICHAEL MIMOUN Authorized Representative's signature

(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.)