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FLORIDA LIMITED LIABILITY CO. F & F HOSPITALITY GROUP LLC

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H18000189656

ARTICLESOR	ORGANIZATION FOR F.	LOKIDA LIVI	HED LIABILTI Y COMPANY
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:	*	
	F & F HOSPITA	ALITY GROU	TP LLC
(Must cont			any, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street as	ldress of the principal of	lice of the Liπ	nited Liability Company is:
Princin:	i) Office Address:		Mailing Address:
c/o MORICI & MOR			c/o MORICI & MORICI LLP
600 THIRD AVENU	E, 15TH FLOOR		600 THIRD AVENUE, 15TH FLOOR
NEW YORK, NEW	YORK 10016		NEW YORK, NEW YORK 10016
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own F ctive Florida registration	Registered Ag	Agent's Signature: ent. You must designate an individual or
	INCORPORA	ATING SERV	TCES, LTD.
		Name	
	1540 GLENWAY DR	TVP.	
	Florida street address	(P.O. Box <u>N</u> C	OT acceptable)
	TALLAHASSEE	FL	32301
	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)

(H180001896563)

ARTICLE IV-

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

Title: "AMBR" ≃ Authorized Member	Name and Address:		
"MGR" " Manager			
AMBR	JOHN PAUL FIGARO 6/0 MORICI & MORICI LLP		
	600 Third Avenue, 15th Fi, New York, NY 10016		
AMBR	MIKE PICA c/o MORICI & MORICI LLP		
	600 Third Avenue, 15th Fl, New York, NY 10016		
			
····			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL)		
the date of filing.)	cannot be more than five business days prior to or 90 days after		
Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's:	plicable statutory filing requirements, this date will not be listed as records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	2 di 1		
	The state of the s		
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.

Christine Falco, as attorney

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)

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