

**L18000157841**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (950) 617-6381

From:  
Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718) 978-5811  
Fax Number : (718) 732-4580

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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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**FLORIDA LIMITED LIABILITY CO.  
PEARL HOSPITALITY LLC**

Certificate of Status	0
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**T COLLINS  
JUN 29 2018**

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June 28, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILE RIGHT LLC

SUBJECT: PEARL HOSPITALITY LLC  
REF: W18000059860

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

MISSING RA AND AR SIGNATURES

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H18000189574  
Letter Number: 018A00013445

P.O BOX 6327 - Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

fax reference # H18000189574 3

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PEARL HOSPITALITY LLC

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:

Name of Person  
FILE RIGHT LLC  
Firm/Company  
5314 16TH AVENUE SUITE 139  
Address  
BROOKLYN, NY 11204  
City/State and Zip Code  
sales@fileacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL at ( 718 ) 878-5811  
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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PEARL HOSPITALITY LLC

(Must contain 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:**

1093 SOUTHEAST 17TH STREET  
FORT LAUDERDALE, FL 33316

**Mailing Address:**

1093 SOUTHEAST 17TH STREET  
FORT LAUDERDALE, FL 33316

**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:

MENACHEM M PERLSTEIN  
Name

1093 SOUTHEAST 17TH STREET  
Florida street address (P.O. Box **NOT** acceptable)

<u>FORT LAUDERDALE</u>	<u>FL</u>	<u>33316</u>
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..*

/s/ Menachem M Perlstein  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**MENACHEM M PERLSTEIN1093 SOUTHEAST 17TH STREETFORT LAUDERDALE, FL 33316MGRELIEZER PERLSTEIN1093 SOUTHEAST 17TH STREETFORT LAUDERDALE, FL 33316

(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:**/s/ Menachem M Perlstein**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.MENACHEM M PERLSTEIN

Typed or printed name of signer

**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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CLERK OF COURT  
ALLAHABAD, FLORIDA

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