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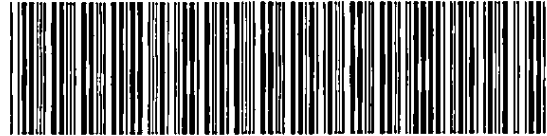
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INTEGRATED REVENUE MANAGEMENT

AND ANALYTICS HOSPITALITY

SOLUTIONS, LLC

Signature _____

Requested by: BA

7/5/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
✓ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ Photo Copy _____
____ Certificate of Good Standing _____
✓ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
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____ UCC 11 Retrieval _____
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR

Integrated Revenue Management and Analytics Hospitality Solutions, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Integrated Revenue Management and Analytics Hospitality Solutions, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **802 Eaton Street #5, Key West, Florida 33040**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **S. Brandon Dimando, Esq., 802 Eaton Street #5, Key West, Florida 33040**

ARTICLE IV: AUTHORIZED MEMBERS

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

Rozsa Dimando, Authorized Member, 802 Eaton Street #5, Key West, Florida 33040

The undersigned has executed these Articles of Organization for filing purposes this 7th day of July 2018.

/S/ S. Brandon Dimando, Esq.

Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: Integrated Revenue Management and
Analytics Hospitality Solutions, LLC

2. The name and address of the registered agent and office is:

S. Brandon Dimando, Esq.

802 Eaton Street #5

Key West

Florida, 33040

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/ S. Brandon Dimando, ESQ.

Signature of Registered Agent