Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420

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

Email Address:	
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FLORIDA LIMITED LIABILITY CO. Yourway Hospitality LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	10 (101, 22	

ART	IC1	LE I	i – Name	:
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Yourway Hospitality LLC	
(Must end with the words "Limited Liab	ility Company, "L.I.,C.," or "LLC.")
CLE II - Address:	
c.t., IT - Address. aniling address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Malling Address</u>
nailing address and street address of the principal office	

(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:

Gulamali Jaffer		
	Name	
3545 Rice Lake Lo	op	······································
Florida street addre	ss (P.O. Box <u>XOT</u> ac	ceptable)
Longwood	FL	32779
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)

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19 007 38 PH 2: 68

Title:		Name and Address:
AMBR" = Author	ized Member	
MGR* = Manager		ten Dotal
MGR	_ 	Jay Patel 410 Eagle Run Road
		Newark, DE 19702
		7.00.00.00.00.00.00.00.00.00.00.00.00.00
		
		
		
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