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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 : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622C RICO
DEC 18 2019

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
HOFFMANN FIVE STAR VALET LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: Hoffmann Five Star Valet 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:

Mark Shklar

Name of Person

Berger, Cohen & Brandt, LC

Firm/Company

8000 Maryland Ave., Ste 1500

Address

Clayton, MO 63105

City/State and Zip Code

mshklar@bcblawlc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Shklar

314

721-7272

at (_____) _____

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hoffmann Five Star Valet 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:Mailing Address:825 Green Bay Road, Suite 100
Wilmette, IL 60091same

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:

InCorp Services, Inc

Name

17888 67th Court NorthFlorida street address (P.O. Box NOT acceptable)Loxahatchee

FL

33470

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.

Jane Nell O'Brien, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 DEC 18 PM 3:43

ARTICLE IV-

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

Title

Name and Address:

"AMBR" - Authorized Member

***MGR* = Manager**

MGR

Gregory Hoffmann
825 Green Bay Road, Suite 100
Wilmette, IL 60091

(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:

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.

Mark Shklar, Authorized Representative

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)