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| TO: | New Filing S Division of C | | | | | | | | |
|-------------|-------------------------------|---|--|-----------------------|---|--|--|--|--|
| SUBJE | Georgies | s Hospitality Mgmt, LL | С | | · | | | | |
| | | Name o | of Limited Liab | ility Company | | | | | |
| The enc | losed Articles | of Organization and fee(| (s) are submitte | d for filing. | | | | | |
| | | pondence concerning th | | | | | | | |
| | Jonathan L | eder | | | | | | | |
| | - | | Name o | f Person | | | | | |
| | Nautilus L | egal Services, P.A. | | | | | | | |
| | | | Firm/Co | ompany | | | | | |
| | 150 SE 2no | 150 SE 2nd Ave Suite PH-1 | | | | | | | |
| | | | Addr | ess | | | | | |
| | Miami, FL | 33131 | | | | | | | |
| | | | City/State an | d Zip Code | | | | | |
| | | orgioshospitality.com | | | | | | | |
| | | E-mail address: (to be u | | nnual report notifica | ition) | | | | |
| For further | r information co | oncerning this matter, ple | ease call: | | | | | | |
| | Jonathan Leder | | 305 (| 514-0600 | | | | | |
| | Name of Person | | Area Code | Daytime Telephor | ne Number | | | | |
| Enclosed | is a check for t | he following amount: | | | | | | | |
| | 00 Filing Fee | □\$130.00 Filing Fce Certificate of Status | Certified Copy (additional copy is enclosed) | | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | Mailin | g 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 Tallahassec, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liab | ility Company is: | | | | |
|---|--|---|---|--|--|
| Georgios Hospital | ity Mgmt, LLC | | | | |
| (Must co | matin the words "Limited | Liability Compa | iny, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street | address of the principal of | office of the Lim | ited Liability Company is: | | |
| Principal Office Address: | | | Mailing Address: | | |
| 9713 Saratoga Park Ct. | | | 9713 Saratoga Park Ct. | | |
| Boca Raton, FL 33428 | | | Boca Raton, FL 33428 | | |
| | Nautilus Legal Servi | ces, P.A. Name | | | |
| The name and the Florida street | et address of the registered | i agent are: | | | |
| | Nautilus Legal Servi | ces, P.A. | | | |
| | | Name | | | |
| | 150 SE 2nd Ave Suit | | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | | |
| | Miami | FL | 33131 | | |
| | City | State | Zip | | |
| lace designated in this certificat urther agree to comply with the p | e, I hereby accept the appo provisions of all statutes re | ointment as regis. clating to the proj | the above stated limited liability company at the tered agent and agree to act in this capacity. I per and complete performance of my duties, and not as provided for in Chapter 605, F.S | | |
| | Rygista | ered Agent's Sign | nature (REQUIRED) | | |

2020 JAN 29 PH 3: 11

Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Georgios Vogiatzis 9713 Saratoga Park Ct. Boca Raton, FL 33428 (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.

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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Georgios Vogiatzis