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INC. P.O.	236 East 6th Avenue.	Tallahassee, Florida 32303 0) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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	MERIN HOSPITALITY	GROUP LLC	
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## COVER LETTER

Division of Corporations
SUBJECT: Merin Hospitality GROUP LLC
Name of Limited Liability Company
The enclosed Articles of Organization and feets) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Matthews
Name of Person
Merin Hospitality Group Firm/Company
301 w Platt St #343
Address
TAMPA FL 33606
TAMPA FL 33406  City/State and Zip Code  TMATTERM ABV. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Matthews at 412 , 414-4405  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the follawing amount:
S125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status 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 Clitton Building Tallahassee, FL 32314  Z661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Merin Hospitalit	Y Group LLC Company, "I.A.C." or "I.A.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 W Platt St, #343	- SAME
TAMPA, FL 33406	
ARTICLE III - Registered Agent, Registered Office, & Regist The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration)	ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent ar	
Jason Mar	thews
301 W Platts	st, #343
Florida street address (P.O. B	ox <u>NOT</u> acceptable)
TAMPA FL	33606 Ic Zip
City Sta	c 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. Thereby 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 totalize with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

2020 FEB -S AHII: 46

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:
MGR/AMBR	Jason Mutthews 301 w Platt St, \$343 TAMPA, FL 33406
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effective date is listed, the date must be space of filing.)	e of filing: $\frac{2/5/2020}{}$ . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
CLEV: Effective date, if other than the date effective date is listed, the date must be space of filing.)	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be fi
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CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)  If the date inserted in this block does not ocument's effective date on the Department CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a the This document is execular aware that any false constitutes a third degree	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be fi