(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
(B	usiness Entity Name	· · · · · · · · · · · · · · · · · · ·
(D	ocument Number)	
,	,	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
L		
	Office Use Only	



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COV 2 4 2020

T. SCOTT



COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: SOS HOTEL SERVICES CORP

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Charles McGinley		
(Contact Person)	<u>. </u>	
SOS Hotel Services Corp		
(Firm/Company)		
13210 SW 44th St		
(Address)		
Miramar FL 33027		
(City, State and Zip Code)		
pattonm@sos-hotels.com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	itter, please call:	
Charles McGinley	at (⁷⁸⁶) ⁵	589-3693
(Name of Contact Person)	/_	(Daytime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the		cessed by this office must be payable in US
\$150.00 Filing Fees\$155.00 Filing Fees(\$25 for Conversionand Certificate of& \$125 for ArticlesStatusof Organization)\$125 for Articles	S180.00 Filing Fe and Certified Copy	es S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:		treet Address:
New Filing Section Division of Corporations		ew Filing Section ivision of Corporations

Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SOS Hotel Services Corp

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a <u>Corporation</u>

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

Florida First organized, formed or incorporated under the laws of _____

(Enter state, or if a non-U.S. entity, the name of the country)

01/30/2020 on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

SOS Hotel Services LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed	d this <u>9th</u>	_ day of November 2020	20
<u>Signa</u>	ture of Autho	rized Representative of Lim	ited Liability Company:
<u>.</u>			3
Signat	ure of Authoria d Name; Charles	zed Representative	Title: President
rintee	a Name: Chanes	i woganey	
<u>Signat</u>	ture(s) on beha	If of Other Business Entity:	[See below for required signature(s)]
Signat	ure:	2	
	d Name: Charles		Title: President
	Jan Ol	milling	
Signat	ure: Thur	minue	
Printee	d Name: Kathen	ne Mc G inley	Title: Vice President
Cimet			
Drinto	d Name:		Title:
1 miles			
Signat	nre.		
Printee	d Name:		
	· · · · · · · · · · · · · · · · · · ·		
Signat	ure:		
Printee	d Name:		Title:
Signat	ure:		
Printee	d Name:		Title:
16 121			
	rida Corporati	on: n. Vice Chairman, Director, or	Officer
		is have not been selected, an In	
II DIC	clois of Office	s have not been selected, an m	corporator must sign.
If Flor	rida General P	artnership or Limited Liabili	ty Partnershin
	ure of one Gene		<u>iy i ai cuci suip.</u>
If Flor	rida Limited P	artnership or Limited Liabili	ty Limited Partnership:
	ures of <u>ALL</u> Ge		
-			
<u>All oth</u>			
Signat	ure of an authoi	rized person.	
Fees:			
	Articles of Co		\$25.00
		da Articles of Organization:	\$125.00
	Certified Cop	-	\$30.00 (Optional)
	Certificate of	Status:	\$5.00 (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOS Hotel Services 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:
13210 SW 44th Street	13210 SW 44th Street
Miramar FL 33027	Miramar FL 33027

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:

 Charles McGinley

 Name

 13210 SW 44th Street

 Florida street address (P.O. Box <u>NOT</u> acceptable)

 Miramar
 FL 33027

 City
 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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ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Charles P McGinley
	13210 SW 44th Street
	Miramar FL 33027
AMBR	Katherine McGinley
	13210 SW 44th St
	Miramar FL 33027
(Use attachment if necessary)	
LE V: 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.

Charles McGinley

Typed or printed name of signce <u>Filing Fees</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)