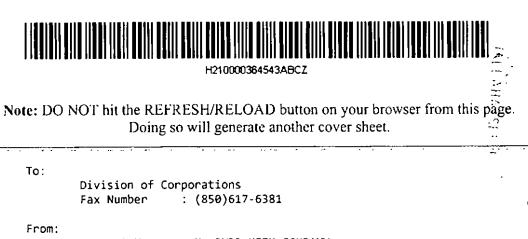
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000036454 3)))



Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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.

Beere Hospitality Group LLC

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

01/27/2021 10:07 AM

To:

Fax: (850) 617-6381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Beere Hospitalir | u Grava I I G | | | | | |
|---|---|-------------------|--|------------|----------------|-----|
| (Must | contain the words. Limited Lia | bility Company. | LLC. "ar"LLC") | | | |
| ARTICLE II - Address: The mailing address and stre | ect address of the principal offic | ce of the Limited | Liability Company is | | | |
| Pri | ncipal Office Address: | | Mailing Address: | . | 0.3 | |
| 1329 NE-105 Sti | eet Unit 2 | 1329 | NE 105 Street, Unit 2 | | 202 | |
| Mianii Shores, F | | | u Shores, FI:33138 | ≥ <u>-</u> | | |
| | ··· | - | | | - Ten | |
| (The Limited Liability Com | Agent, Registered Office, & pany counct serve as its own Re i an active Florida registration) | egustered Agent) | t's Signature: 'ou must designate an individual | 10x 7 | 2021 JAN 27 AK | |
| (The Limited Liability Com- another business entity with | pany connot serve as its own Re | egistered Agent) | t's Signature: ou must designate an individual | loc == 1 | e; ₹ | |
| (The Limited Liability Com- another business entity with | pany comnot serve as its own Re an active Florida registration) | egistered Agent) | t'a Signature: où must designate an individual | loc == 1 | <u>~</u> | *** |
| (The Limited Liability Com- another business entity with | pany counts serve as its own Re is in active Florida registration) reet address of the registered ag Geoffrey Beere | egistered Agent) | t's Signature: où must designate an individual | loc == 1 | A | |
| (The Limited Liability Com- another business entity with | pany counts serve as its own Re is in active Florida registration) reet address of the registered ag Geoffrey Beere | gent are | t'a Signature: où must designate an individual | loc == 1 | A | 1 |
| (The Limited Liability Com- another business entity with | pany cannot serve as its own Re an active Florida registration) rect address of the registered as Geoffrey Beere | gent are | on miss designate au motakimi | loc == 1 | A | 1 |
| (The Limited Liability Com- another business entity with | pany cannot serve as its own Re an active Florida registration) rect address of the registered as Geoffrey Beere 1329 NB 105 Street, Un | gent are | on miss designate au motakimi | loc == 1 | A | 1 |

Having been named as registered agent and to accept service of process for the above stated limited limited limited place designated in this cartificate. 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.

(CONTINUED)

From: M. BURR KEIM CO

(((H21000036454 3)))

Fax: (850) 617-6381

| Title: | Name and Address: |
|---|--|
| "AMBR" - Anthonized Member | " |
| "MGR" = Manager | |
| AMBR | Geoffrey Beere |
| 40,000 | Geoffrey Beere 1329 NE: 105 Street, Upit 2 |
| | Miami Shores, FL 33138 |
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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)