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(Requestor's Name)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 700859 8301387
AUTHORIZATION :
COST LIMIT: \$ 125.00 Clera
ORDER DATE: March 11, 2021
ORDER TIME : 11:43 AM
ORDER NO. : 700859-025
CUSTOMER NO: 8301387
DOMESTIC FILING
NAME: GRAND RESERVE HOTEL M1 BK, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	Filing Section sion of Corporations				
SUBJECT:	Grand Reserve Hotel M1 BK	, LLC			
SOBJECT.	Name o	f Limited Liabil	ity Company		
The enclosed .	Articles of Organization and feet	s) are submitted	for filing.		
Please return a	If correspondence concerning thi	s matter to the	following:		
	Sergio Moises				
		Name of	Person		
	Grand Reserve Hotel N	11 BK, LLC			
		Firm/Co	mpany		
	1010 N.E. 2nd Avenue				
		Addre	ess		
	Miami, FL 33132				
	legal@rpcholdings.com	City/State and	d Zip Code		
	E-mail address: (to be u		nnual report notificat	tion)	
For further inform	mation concerning this matter, pla	ease call:			
	Kay Lilly	954	240-9219		
	Name of Person	Area Code	Daytime Telephon	ne Number	
Enclosed is a ch	eck for the following amount:				
□\$125.00 Filir		Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		treet Address		
	New Filing Section Division of Corporations		lew Filing Section Di he Centre of Tallaha		
	P.O. Box 6327		415 N. Monroe Stree		
Tallahassee, FL 32314			Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	serve Hotel MI BK, LL			
(Must cor	ntain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal (office of the Limit	ed Liability Company is:	
Principal Office Address: 1010 N.E. 2 Avenue			Mailing Address: 1010 N.E. 2 Avenue	
Miami, FL 33132			Miami, F1. 33132	
The Limited Liability Compan nother business entity with an	y cannot serve as its own active Florida registration	i Registered Agent on.)	r. You must designate an in	
nother business entity with an	y cannot serve as its own active Florida registration	i Registered Agent on.)	i. You must designate an in	
he name and the Florida street	address of the registered	d agent are:		2021 HAR 1 1
	Sergio Moises			YAR
		Name		
	1010 N.E. 2 Ave	enue		سن ت∑
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)	<u> </u>
	<u>Mia</u> mi	FI.	<u> </u>	; 8;
	City	State	/ Żip	t.
wing been named as registered ice designated in this certificate, ther agree to comply with the profamiliar with and accept the ob	. I hereby accept the appo vovisions of all statutes re	offument as fegiste elating to the prope as registered agent	red agent and agree to act or and complete performance	in this capacity. T se of my duties, and T

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
_MGR	Daniel Kodsi 1010 N.E. 2 Avenue Miami. FL 33132
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.)	e of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI; Other provisions, if any.	
REOUIRED SIGNATURE:	<u> </u>
This document is elecut Fam aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Daniel Kodsi	Typed or printed name of signee

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

Filing Fees:

\$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)