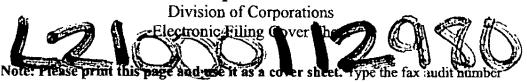
Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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mail	Address:								
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## FLORIDA LIMITED LIABILITY CO. CR8 HOSPITALITY & EVENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
ODDILL to be A T	
CR8 Hospitality & Events, LLC	
(Must end with the words "Limited Liability Company, "Limited Liability Company,"	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	orincipal office of the Limited Liability Company is:
Principal Office Address:	
Timerpar Office Address:	Mailing Address:
530 NE 52 Terrace	530 NE 52 Terrace
Miaml, FL 33137	Miami, FL 33137
The name and the Florida street address of the Lopez & Partners, LLC c/o \	
Name	<del></del>
2600 Douglas Road, Suite	811
	dress (P.O. Box NOT acceptable)
Coral Gables	FI. 33134
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istored agent as provided for in Chapter 608, E.S.

(CONTINUED) Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member  MGRM	Yanais Ramos 530 NE 52 Terrace Miami, FL 33137
MGRM	530 NE 52 Terrace
	530 NE 52 Terrace
·	Miami, FL 33137
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(Use attachment if necessary)	
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LE V: Effective date, if other than the of	date of filing: March 17, 2021 (OPTIONAL
days after the date of filing.)	specific and cannot be more than five business days
adys litter the date of hing.)	
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.

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)

Yanais Ramos Typed or printed name of signee