

W21 0000 196 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

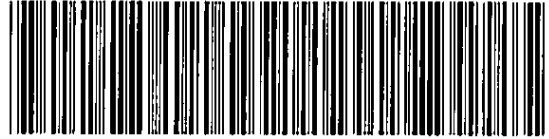
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

W210000 60366

Office Use Only



400365472284

FILED  
2021 MAY -3 AM 11:24

RECEIVED  
2021 MAY -3 PM 12:20

SECRETARY OF STATE  
CALL ABRASSE

Handwritten signature and date: 5.6-21

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/3/21

**PRIORITY** Routine

**OUR REF. # (Order ID#)** Courtney

**ORDER ENTITY** UMG Hospitality Group LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

UMG Hospitality Group LLC

Please file the attached foreign qualification document.

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: dgarretson@umghosp.com; dj@toastdistillers.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2021

INCORPORATING SERVICES, LTD

SUBJECT: UMG HOSPITALITY GROUP LLC  
Ref. Number: W21000060360

*Please honor the  
original submission date  
as the file date. Thanks! :)*

2021 MAY -3 AM 11:24

RECEIVED

We have received your document for UMG HOSPITALITY GROUP LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist III

Letter Number: 921A00009183

*Please honor the  
original submission date  
as the file date. Thanks! :)*

SECRETARY OF STATE  
ALLAHAMSEF, ET AL

2021 MAY -5 PM 12:38

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UMG Hospitality Group 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:

3403 NW 82nd Ave, Suite 320E, Doral,  
Florida 33122

Mailing Address:

3403 NW 82nd Ave, Suite 320E, Doral,  
Florida 33122

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:

THE GARRETSON GROUP, LLC

Name

3403 NW 82nd Ave, Suite 320E

Florida street address (P.O. Box **NOT** acceptable)

Doral

FL

33122

City

State

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.,*

David Garretson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2021 MAY -3 AM 11:25  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE, FLORIDA

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

David Garretson MGR

3403 NW 82nd Ave, Suite 320E, Doral,  
Florida 33122

Dieuveny J. Louis MGR

3403 NW 82nd Ave, Suite 320E, Doral,  
Florida 33122

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*David Garretson*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

David Garretson

Typed or printed name of signee

**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)

FILED  
MAY -3 AM 11:25  
CLERK OF COURT  
STATE OF FLORIDA