410066000161

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
P CK- IP WAIT	MAIL
(Business Entity Nam	
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer;	

Office Use Only





000366147660

DZI HAY 17 PM 2: 3

٠.,

Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 814480 5017647
AUTHORIZATION :
COST LIMIT: \$125.00 Man
ORDER DATE : May 14, 2021
ORDER TIME : 12:36 PM
ORDER NO. : 814480-010
CUSTOMER NO: 5017647
DOMESTIC FILING
NAME: TRIP HOSPITALITY ORLANDO 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: Eyliena Baker - EXT.
EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Trip Hospitality Orlando LLC			
JOBJEC	T: Name o	of Limited Liabi	lity Company	
The enclo	sed Articles of Organization and fee	(s) are submitted	d for filing.	
Please ret	urn all correspondence concerning th	nis matter to the	following:	
	Demetra Nicozisin			·
		Name of	f Person	
	Bryan Cave Leighton Paisner LLI	P		
		Firm/Co	ompany	
	211 N. Broadway, Suite 3600			
		Add	ress	
	St. Louis, MO 63102			
		City/State ar	nd Zip Code	
	E-mail address: (to be	used for future	annual report notificat	ion)
For further	information concerning this matter, p	please call:		
	Demetra Nicozisin	314	259-2890	
	Name of Person	at (Area Code	_) Daytime Telephon	ne Number
	is a check for the following amount:			
■\$125.00	0 Filing Fee □\$130.00 Filing F. Certificate of Statu	is Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address		Street Address	
	New Filing Section		New Filing Section D	
	Division of Corporations P.O. Box 6327		The Centre of Tallaha 2415 N. Monroe Stre	
	Tallahassee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Trip Hospitality Orland (Must conati		Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal	office of the L	imited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
2610 North Internation Terminal E, Room E-0			P O Box 610043	
DFW Airport, TX 752			DFW Airport, TX 75261	•
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act The name and the Florida street ad	annot serve as its ow iive Florida registrati	n Registered A on.) ed agent are: e Company	Agent. You must designate an individual or	·
		Name		
•	1201 Hays Street Florida street addre	ss (P.O. Box 1	NOT acceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
place designated in this certificate, I further agree to comply with the prov	hereby accept the apprisions of all statutes to gations of my position. Corporation Sen	pointment as re relating to the a as registered vice Compan		I

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Plaza Premium Lounge Florida LLC	
	2610 North International Parkway, Terminal E, Room E-065/	
	DFW Airport, TX 75261	
AMBR	Alliance Professional Group, Inc	=
	1220 Sligh Blvd Orlando, FL 32806	
	Oriando, PL 32806	
AMDD	M2 Carrage 11 C	
AMBR	M2 Concepts, LLC 11429 Grapeleaf Drive	
	Fort Worth, TX 76244	
		.•
		i.e.
		`
(Use attachment if necessary) ICLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 da	iVS 2
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.)	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be	•
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be	•
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does ocument's effective date on the Depart	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be	•
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does ocument's effective date on the Department of the Dep	t be specific and cannot be more than five business days prior to or 90 da es not meet the applicable statutory filing requirements, this date will not be rtment of State's records.	•
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block doe ocument's effective date on the Department's effective date in this block does not be determined by the Department of	t be specific and cannot be more than five business days prior to or 90 da	•
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block doe ocument's effective date on the Department's effective date in this block does not be determined by the Department of	Descripted by: Descripted by:	•

as

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)