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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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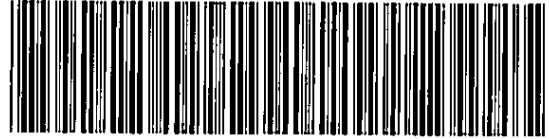
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al

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 853043 4333422

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 125.00

ORDER DATE : June 10, 2021

ORDER TIME : 9:34 AM

ORDER NO. : 853043-005

CUSTOMER NO: 4333422

DOMESTIC FILING

NAME: PRIMROSE HOSPITALITY, 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: _____

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**ARTICLES OF ORGANIZATION
OF
PRIMROSE HOSPITALITY, LLC**

ARTICLE I

The name of this limited liability company is Primrose Hospitality, LLC.

ARTICLE II

The street address of the principal office of the Limited Liability Company is 201 N. Magnolia Avenue, Suite 100, Orlando, FL 32801.

The mailing address of the Limited Liability Company is 201 N. Magnolia Avenue, Suite 100, Orlando, FL 32801.

ARTICLE III

The name and Florida street address of the registered agent is Corporation Service Company, 1201 Hays St., Ste 200, Tallahassee FL 32301.

ARTICLE IV

The name and address of the person(s) authorized to manage and control the Company is Team Management Group, LLC, 201 N. Magnolia Avenue, Suite 100, Orlando, FL 32801.

I am the Member or Authorized Representative submitting these Articles of Organization and affirm that the facts herein stated are true. I am aware that 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. I understand the requirement to file an annual report between January 1 and May 1 in the calendar year following formation of the LLC and every year thereafter to maintain active" status.

DATED as of the 10th day of June, 2021.

/s/ Keith Mawardi

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TALLAHASSEE, FL 32301
D

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statute Section 605.0113, Primrose Hospitality, LLC submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the limited liability company is Primrose Hospitality, LLC.
2. The name and address of the registered agent and office is: Corporation Service Company, 1201 Hays St., Ste 200, Tallahassee, Leon County, FL 32301.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated: June 10, 2021.

CORPORATION SERVICE COMPANY



Name: Amanda Robinson
Title: Assistant Vice President

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CLERK OF STATE
TALLAHASSEE, FL 32301
F.D.