121000339177

(D	ara Nama'	
(Request	or's Name)	
(Address)	
(Address)	
(City/State	:e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Dunings	n Fatitu Nama)	····
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer	
Special instructions to Filing	Officer.	
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07/23/21--01025--005 **125.00

SAME OF THE ORDER

COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJEC	CT: HARLEY HOSPITALITY I	J.C	 		
Name of Limited Liability Company					
The enc	losed Articles of Organization and	fee(s) are su	bmitted fo	r filing.	
Please re	eturn all correspondence concerni	ng this matter	to the foll	lowing:	
	Harley Swimmer Dreiling	_			
		N	lame of Po	erson	
			Firm/Com	pany	
	4701 North Meridian Avenue	:			
			Addres	s	
	Miami Beach, FL 33140				
	harleydreiling@gmail.com	City/	State and	Zip Code	
		to be used for	future an	nual report notification	on)
For furth	er information concerning this ma	tter, please ca	dl:		
	Harley Swimmer Dreiling	305 at (,	4501759	
	Name of Person		Code	Daytime Telephone	Number
Fnclose	ed is a check for the following am	ount:			
	5.00 Filing Fee \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Certificate of	ing Fee & Status	Certifie	00 Filing Fee & d Copy copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address			Street Address	
New Filing Section		.nc		New Filing Section Di The Centre of Tallaha	
	Division of Corporation P.O. Box 6327	us		2415 N. Monroe Stree	
	Tallahassee, FL 32314		-	rallahassee, FL 3230.	3

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HARLEY HOSPITAL	LITY LLC in the words "Limited	Liability Company "I	LC "or"LLC")	
(Must conta	ini tile words. Littilled	Liability Company, 1	s.is.c., or isec.	
RTICLE II - Address:		Office of Cobo I immissed I	ichility Company ice	
he mailing address and street ad	idress of the principal o	iffice of the Limited L	лаонну Сотрану із.	
Principal Office Address:			Mailing Address:	
4701 North Meridian Avenue		4701 1	4701 North Meridian Avenue	
Miami Beach, FL 331	40	Miam	Miami Beach, FL 33140	
The Limited Liability Company nother business entity with an a	ctive Florida registratio	Registered Agent. Yo on.)	's Signature: ou must designate an individual	or
The Limited Liability Company nother business entity with an a	cannot serve as its own ctive Florida registration	Registered Agent. Youn.) d agent are:	ou must designate an individual	or
The Limited Liability Company nother business entity with an a	cannot serve as its own ctive Florida registration address of the registered Harley Swimmer Dreit	Registered Agent. Youn.) d agent are: ing Name	's Signature: ou must designate an individual	or
The Limited Liability Company nother business entity with an a	cannot serve as its own ctive Florida registration address of the registered Harley Swimmer Dreit 4701 North Meridian	Registered Agent. Youn.) d agent are: ing Name	ou must designate an individual	or
The Limited Liability Company nother business entity with an a	cannot serve as its own ctive Florida registration address of the registered Harley Swimmer Dreit 4701 North Meridian	Registered Agent. Youn.) d agent are: ing Name	ou must designate an individual	or
The Limited Liability Company nother business entity with an a the name and the Florida street a	cannot serve as its own ctive Florida registration address of the registered Harley Swimmer Dreit 4701 North Meridian Florida street address	Registered Agent. Youn.) d agent are: ing Name n Avenue is (P.O. Box NOT acc	ou must designate an individual	or

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>AMBR</u>	
	HARLEY SWIMMER DREILING
	4701 NORTH MERDIAN AVENUE MIAMI BEACH, FL 33140
	MIAMI BEACH, FL 35140
·	
	
(If an effective date is listed, the date must b the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departm	ient of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ley Dreiling
Signature of a This document is ex I am aware that any	member or an authorized representative of a member, secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Harley Swimmer	Treiling
	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)