

9/15/21, 12:01 PM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : VILA, PADRON & DIAZ, P.A.  
Account Number : I20170000101  
Phone : (305)461-4888  
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
Chicago Hospitality Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Chicago Hospitality Partners, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar J. Vila, Esq.  
Name of Person

Vila, Padron & Diaz, P.A.  
Firm/Company

201 Alhambra Circle, Suite 702  
Address

Coral Gables, FL 33134  
City/State and Zip Code

abestard@vpdlaw.com  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Oscar J. Vila                      305                      461-4888  
 at (                      )  
 Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
 New Filing Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address**  
 New Filing Section Division  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chicago Hospitality Partners, 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:

Mailing Address:

1200 NW 78 Avenue
Suite 400
Doral, FL 33126

1200 NW 78 Avenue
Suite 400
Doral, FL 33126

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:

Oscar J. Vila, Esq.
Name
201 Alhambra Circle, Suite 702
Florida street address (P.O. Box NOT acceptable)
Coral Gables, FL 33134
City State Zip

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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..

[Handwritten Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

Oscar J. Vila  
201 Alhambra Circle, Suite 702  
Coral Gable, FL 33134

MGR

Peter Amaro  
1200 NW 78 Avenue, Suite 400  
Doral, FL 33126

MGR

William Alberni  
1200 NW 78 Avenue, Suite 400  
Doral, FL 33126

(Use attachment if necessary)

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

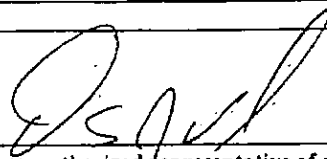
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

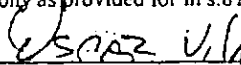
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

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



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)

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 DEPT. OF STATE, FLORIDA