L2200000 3852

(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:

Office Use Only



800378699578

2022 JAN -5 PH 2: 04



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/05/22

NAME: DOLLYWOOD HP, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Dollywood HP, LLC			
(Must con	atin the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limited	d Liability Company is:
Princip	al Office Address:		Mailing Address:
759 Glouchester Street		759 (Glouchester Street
Boca Raton, FL 33487			Raton, FL 33487
The name and the Florida street a		d agent are:	
The name and the Florida street a	address of the registered		
The name and the Florida street a	Nicholas J. Ayala	d agent are: Name	
The name and the Florida street a		Name	cceptable)
The name and the Florida street a	Nicholas J. Ayala 759 Glouchester Street	Name	cceptable)
The name and the Florida street a	Nicholas J. Ayala 759 Glouchester Street Florida street addres	Name s (P.O. Box NOT ac	·
tving been named as registered a tee designated in this certificate, ther agree to comply with the pro	Nicholas J. Ayala 759 Glouchester Street Florida street addres Boca Raton City gent and to accept servi I hereby accept the approvisions of all statutes re	Name s (P.O. Box <u>NOT</u> ac FL State ce of process for the pintment as registere elating to the proper	Zip zabove stated limited liability company at the dagent and agree to act in this capacity. I and complete performance of my duties, and sprovided for in Chapter 605, F.S.,
aving been named as registered a ace designated in this certificate, rther agree to comply with the pro	Nicholas J. Ayala 759 Glouchester Street Florida street addres Boca Raton City gent and to accept servi I hereby accept the apportions of all statutes religations of my position of	Name s (P.O. Box <u>NOT</u> ac FL State ce of process for the printing to the proper	Zip Zip above stated limited liability company at the diagent and agree to act in this capacity. It and complete performance of my duties, and sprovided for in Chapter 605, F.S.,

(CONTINUED)



ARTICLE IV-

$\Delta MRR" = 3$		Name and Address:
	uthorized Member	
MGR'' = Ma	mager	
MGR		Nicholas I. Ayata
		759 Glouchester Street
		Boca Raton, FL 33487
		
		
		
V: Effective	date, if other than the	date of filing:
tive date is h filing.) ic date insert	date, if other than the disted, the date must be	date of filing:
V: Effective tive date is li filing.) ne date insert ent's effectiv VI: Other pro	e date, if other than the constent the date must be determined in this block does not date on the Departments.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this data will not
V: Effective tive date is li filing.) ne date insert ent's effectiv VI: Other pro	e date, if other than the constent the date must be determined in this block does not date on the Departments.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not lent of State's records.
V: Effective tive date is li filing.) he date insert ent's effectiv VI: Other pro	e date, if other than the disted, the date must be ed in this block does not e date on the Department ovisions, if any. SIGNATURE: Signature of a This document is excelled.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.
V: Effective tive date is li filing.) e date insert ent's effectiv VI: Other pro	e date, if other than the disted, the date must be ed in this block does not e date on the Department ovisions, if any. SIGNATURE: Signature of a This document is excelled.	Micholas Ayula member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
V: Effective tive date is li filing.) he date insert ent's effectiv VI: Other pro	e date, if other than the disted, the date must be ed in this block does not ed date on the Department ovisions, if any. SIGNATURE: Signature of a This document is excelled am aware that any facconstitutes a third degree of the constitutes a third degree of the constitutes at	Micholas Ayula member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
V: Effective tive date is li filing.) he date insert ent's effectiv VI: Other pro	e date, if other than the disted, the date must be ed in this block does not ed date on the Department ovisions, if any. SIGNATURE: Signature of a This document is excelled am aware that any facconstitutes a third degree of the constitutes a third degree of the constitutes at	Micholas Ayula member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.