

# L22000145994

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

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : 120170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
SIERRA HOSPITALITYGROUP LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 05       |
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

*April 7, 2022*

**SIERRA HOSPITALITY GROUP LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability  
Company is:*

**Principal Office Address**

**58 NE 14<sup>th</sup> ST APT 2222  
MIAMI, FL 33132**

**Mailing Address**

**58 NE 14<sup>th</sup> ST APT 2222  
MIAMI, FL 33132**

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**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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**150 SE 2<sup>ND</sup> AVE SUITE 404**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and Zip*

*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.*

**X**

**Registered Agent's Signature (REQUIRED)**

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## ARTICLE IV

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

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

**Title:**

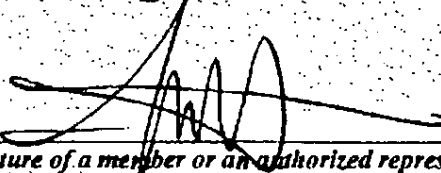
**IVAN TUCKER  
58 NE 14<sup>th</sup> ST APT 2222  
MIAMI, FL 33132**

**AUTHORIZED MEMBER**

## 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.)**

**REQUIRED: SIGNATURE**

X   
**Signature of a member or an authorized representative of a member.**  
**IVAN TUCKER**

**(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)**

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TALLAHASSEE, FLORIDA

## **ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is: HOSPITALITY & CONSULTING.*

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