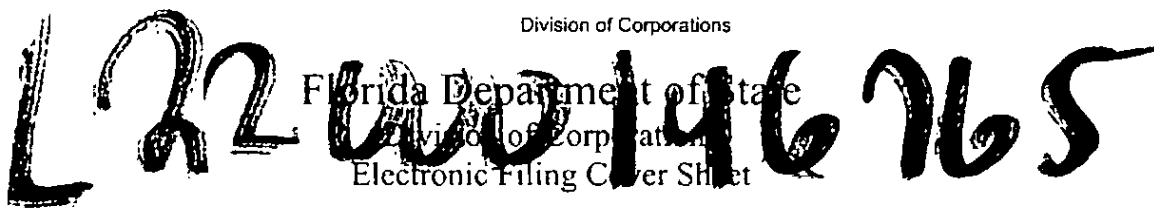


4/6/2022

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000126172 3)))



H220001261723ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : KATZ BARRON
Account Number : 072627002473
Phone : (305)856-2444
Fax Number : (305)860-2588

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

Email Address: dcrupi@smg-us.com

**FLORIDA LIMITED LIABILITY CO.
Vino Suites Boca LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
2022 APR -7 AM 8:12
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

22 APR -7 PM 4:43
P. 4.40

Electronic Filing Menu

Corporate Filing Menu

Help

APR - 8 2022

H22000126172 3

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

ARTICLE I. - Name

The name of the Limited Liability Company is:

Vino Suites Boca LLC

ARTICLE II. - Address

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

4613 N. University Drive
Suite #283
Coral Springs, FL 33067

**ARTICLE III. - Registered Agent, Registered Office,
& Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

David Crupi
4613 N. University Drive
Suite #283
Coral Springs, FL 33067

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.

REGISTERED AGENT:


David Crupi

22 APR - 7 51 PM '22
P. A. 100

H22000126172 3

ARTICLE IV. – Management

The Limited Liability Company will be manager-managed. The name and address of the manager of the Limited Liability Company is:

David Crupi
4613 N. University Drive
Suite #283
Coral Springs, FL 33067



David Crupi, Authorized Representative of a Member(s)

(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. 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.)

H22000126172 3