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.

(((H22000149053 3)))



H220001490533ABC-

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 : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : 120020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

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

Emps Address VD Q Cohen Nocris Com

1022 APR 25 AM 8: 5

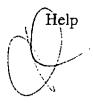
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FLORIDA LIMITED LIABILITY CO. SOUTHERN HOSPITALITY IN JUPITER, LLC

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

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO:	New Filing Section Division of Corpo							
		HOSPITALITY IN J	UPITER, LLC					
SUBJE	CT:	Name of L	imited Liabili	ty Company				
The end	closed Articles of Or	ganization and fee(s)	are submitted	for filing.				
Please	return all correspond	ence concerning this	matter to the f	ollowing:				
	Gregory R. Coh	en, Esq.						
	· · · · · · · · · · · · · · · · · · ·		Name of	Person				
	Cohen Norris V	/olmer Ray Telepma	n Berkowitz C	ohen				
			Firm/Co	mpany				
	712 U.S. Highv	vay One, Suite 400					2022 APR	
			Addr	ess		#. 2007	PR	**
	North Palm Be	ach, FL 33408				SSET C	25	[
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				annar report neu neac	ion <i>)</i>	0; [χ'	
For furti		erning this matter, ple						
	Karin Drakas	at (561 (844-3600 .)				
	Name o	of Person	Arca Code	Daytime Telephon	e Number			
Enclos	ed is a check for the	following amount:						
≣ \$12		□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & cd Copy al copy is enclosed)	□\$160.00 F Certificate o Certified Co (additional cop	f Status & Py	d)	
	Division P.O. Box	ng Section of Corporations		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810			

H220001490533

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SOUTHERN HOSP: (Must cont	ITALITY IN JUPITER, LI tain the words "Limited Lis	LC ability Company, "	'L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal offi	ice of the Limited I	Liability Company is:		
Princip	al Office Address:		Mailing Address:		
825 Center Street, A	.pt. 9B		Center Street, Apt. 9B		
Jupier, FL 33458		Jupite	er. FL 33458		
ARTICLE III - Registered Ag	ent, Registered Office, & y cannot serve as its own R	Registered Agent Spent N	t's Signature: (ou must designate an individual	Dr	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own R	legistered Agent. Y	t's Signature: (ou must designate an individual	or 	
(The Limited Liability Company	y cannot serve as its own R active Florida registration.	Legistered Agent. \ .)	t's Signature: (ou must designate an individual	or	2022
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration.	legistered Agent. Y) agent are:	t's Signature: You must designate an individual	SEOW:	2022 AP
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration. address of the registered a Gregory R. Cohen, Eso	legistered Agent. Y) agent are:	t's Signature: (ou must designate an individual	SECRE TALLAHASS	2022 APR 2
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration. address of the registered a Gregory R. Cohen, Eso	Legistered Agent. Y gent are: Name	t's Signature: You must designate an individual	SECRE TAKY, PALLAHASSEE	2022 APR 25
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration. address of the registered a Gregory R. Cohen, Esc	legistered Agent. Y legent are: Name Suite 400	ou must designate an individual	SECRE TAKY OF PALLAHASSEELF	\sim
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration. address of the registered a Gregory R. Cohen, Eso 712 U.S. Highway One	legistered Agent. Y legent are: Name Suite 400	ou must designate an individual	SEORE TAKY SI PALLAHASSEEL	25

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

T-282 P.04/04 F-503 # WCC 470036

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	ANTHONY THOMAS SIMONS 825 CENTER STREET, APT. 9B		
	JUPITER FL 33458		
MGR	CHRISTIAN RAYMOND SIMONS		
MOK	1987 OBLOCK ROAD PITTSBURGH, PA 15239		
(Use attachment if necessary)	date of filing(OPT	TONAL)≟∵	201
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)