Division of Corporations **Electronic Filing Cover Sheet**

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(((H22000171118 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX Account Number : I20290000010 Phone : (407)777-7470 Fax Number : (321)286-9743

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

Email	Address:		
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FLORIDA LIMITED LIABILITY CO. PRETTY FOREVER STUDIO SUITES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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S. CHATHAM

MAY 1 3 2022

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Corporate Filing Menu

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H220001711183

COVER LETTER

	New Filing So Division of Co				
SUBJECT	PRETTY	FOREVER STUDIO SUI	TES LLC		
30 242 0	·	Name of Li	mited Liability Company		
The enclos	sed Articles o	f Organization and fee(s) a	re submitted for filing.		
Please retu	ırn all corresp	ondence concerning this m	natter to the following:		
	NAZLY O.	SANTOS AGON			
			Name of Person		
			Firm/Company		
	2969 HOW	LEY LAY			
			Address		
	ORLANDO), FL 34771			
		C	City/State and Zip Code		
-		E-mail address: (to be used	for future annual report notificati	ion)	
For further in	nformation co	ncerning this matter, pleas	e cali:		STATES
	NAZLY O. S	SANTOS AGON	407 209-9414		22 MAY 12
	Nam	e of Person A	rea Code Daytime Telephon	e Number	
Enclosed is	a check for t	he following amount:			င္သာ င္သာ
□\$125,00	Filing Fee	≣\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	3
	,	g Address	Street Address		
		iling Section	New Filing Section Di	vision	

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

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

H220001711183

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMITEDIA	ABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:		
	STUDIO SUITES LL		
(Must cona	tin the words "Limited	Liability Company, "L	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited Lin	ability Company is:
<u>Princips</u>	l Office Address:		Mailing Address:
2969 HOWLEY LAY	,	2969 H	OWLEY LAY
ORLANDO, FL 3477			NDO, FL 34771
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agent. You n.)	Signature: I must designate an individual or
	NAZLY O. SANTOS	ACOM	
	MAZLI O. SANTOS	Name	
		Hante	
	2969 HOWLEY LAY	<u> </u>	
	Florida street address	(P.O. Box <u>NOT</u> accep	ntable)
	ORLANDO	FLORIDA	34771
	City	State	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. 1 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's Signature (REQUIRED)

(CONTINUED)

H220001711183

MBR	NAZLY O. SANTOS AGON 2969 HOWLEY LAY ORLANDO, FL 34771
	ORLANDO, FL 34771
	ORLANDO, FL 34771
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of Bling.)	c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be tate's records.
EVI: Other provisions, if any.	
•	
REQUIRED SIGNATURE:	NS
	NS
Signature of a member This document is executed in	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a membe This document is executed in I am aware that any false info	or or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
Signature of a member This document is executed in I am aware that any false inforcemental and the constitutes a third degree felo	n accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S. NAZLY O. SANTOS AGON
Signature of a member This document is executed in I am aware that any false inforcemental and the constitutes a third degree felo	n accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
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Signature of a member This document is executed in I am aware that any false inforcemental constitutes a third degree felo	n accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S. NAZLY O. SANTOS AGON