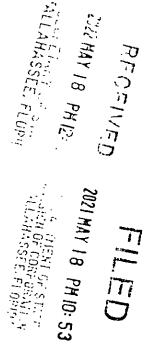
# 

(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





CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 685366 7977112

AUTHORIZATION : Computation

COST LIMIT : '\$ 130.00

ORDER DATE : May 17, 2022

ORDER TIME : 5:14 PM

ORDER NO. : 685366-005

CUSTOMER NO: 7977112

--------

## DOMESTIC FILING

NAME: BLUE LAKE HOSPITALITY, LLC

#### EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

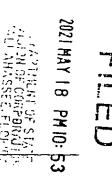
CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:



# **COVER LETTER**

TO:	New Filing S Division of C					
SUBJEC	Blue Lak	e Hospitality, LL(	2			
002020		N	ime of Lir	nited Liabi	lity Company	
The enclo	osed Articles o	of Organization an	d fee(s) ar	e submitted	l for filing.	
Please re	turn all corres <sub>i</sub>	pondence concerni	ng this ma	itter to the	following:	
	Christophe	r R. O'Brien, Esq.				
				Name of	Person	<del></del>
	Woods, We	eidenmiller, Miche	etti & Rud	nick, LLP		
		•		Firm/Co	mpany	
	9045 Strada	a Stell Court, Suite	400			
				Addı	ess	
	Naples, FL	34109				
	cobrien@law	/firmnaples.com	C	ty/State an	d Zip Code	
		E-mail address: (t	be used	for future a	nnual report notificat	ion)
For further	information co	oncerning this mat	ter, please	call:		
	Christopher	R. O'Brien	23 at (	9	325-4070	
	Nan	ne of Person		ea Code	Daytime Telephor	ne Number
Enclosed i	s a check for t	he following amo	unt:			
□\$125.00	) Filing Fee	■\$130.00 Filin Certificate of S		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	ig Address			Street Address	.~:

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

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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	y Company is:		
Blue Lake Hospitalit	y, LLC		
(Must cont	ain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office	of the Limited Liability Company is:	
Princip	al Office Address:	Mailing Address:	
8990 Fontana Del So	l Way	Estia	
Naples, FL 34109	_	1405 Locust St	
		Philadelphia, PA 19102	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Registive Florida registration.)	stered Agent. You must designate an individual or	
	•		
	WWMR Statutory Agent I	LC	
	Nan	ne	
	9045 Strada Stell Court, St	uite 400	
	Florida street address (P.O	D. Box NOT acceptable)	

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..

FL

State

Naples

City

Registered Agent's Signature (REQUIRED)

34109

Zip

(CONTINUED)

PILED
2021 HAY 18 PH 10: 53

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MCD	Deen Berkel's
MGR	Dean Pashalis
	6 Westmoreland Pace
	Douglaston, NY 11363
MGR	Gus Pashalis
	532 South 19th Street
	Philadelphia, PA 19146
MGR	Tasia Pashalis
	1238 Fitzwater St
	Philadelphia, PA 19147
<del></del>	
V: Effective date, if other than the tive date is listed, the date must filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
tive date is listed, the date must filing.)	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the tive date is listed, the date must filing.)  e date inserted in this block does not seffective date on the Depart VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the tive date is listed, the date must filing.) e date inserted in this block doesnt's effective date on the Depart VI: Other provisions, if any.  EQUIRED SIGNATURE: ad by:	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will not the timent of State's records.
V: Effective date, if other than the tive date is listed, the date must filling.)  e date inserted in this block does not seffective date on the Depart VI: Other provisions, if any.  EQUIRED SIGNATURE:  Tasia fastures.	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will not timent of State's records.
V: Effective date, if other than the tive date is listed, the date must filing.)  e date inserted in this block does not seffective date on the Depart VI: Other provisions, if any.  EQUIRED SIGNATURE:  Take falls  Signature of the decument is eliam aware that any	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will not the timent of State's records.
V: Effective date, if other than the tive date is listed, the date must filing.)  e date inserted in this block does not seffective date on the Depart VI: Other provisions, if any.  EQUIRED SIGNATURE:  Take falls  Signature of the decument is eliam aware that any	s not meet the applicable statutory filing requirements, this date will not timent of State's records.  Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

FILED
2021 HAY 18 PM 10: 53