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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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1022 MAY 27 AM 9: (SECRETARY OF STA TALLAHASSEE, FU

2022 MAY 27 AM II: 22

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 711805 7523987 **AUTHORIZATION:** COST LIMIT : ORDER DATE: May 27, 2022 ORDER TIME : 10:06 AM ORDER NO. : 711805-005 CUSTOMER NO: 7523987 DOMESTIC FILING NAME: CP DT BRICKELL II LLC EFFECTIVE DATE: __ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

1201 Hays Street

EXAMINER'S INITIALS:

COVER LETTER

	Sew Filing Sec Division of Co				
SUBJECT		ickell II LLC			
30Bate	••		of Limited Li	ability Company	
The enclos	sed Articles of	Organization and fe	ee(s) are submi	tted for filing.	
Please retu	um all corresp	ondence concerning	this matter to t	he following:	
	Legal Depar	tment			
		-	Name	e of Person	
	Concord Ho	spitality			
			Firm	/Company	
	11410 Com	mon Oaks Drive			
			A	ddress	
	Raleigh, NC	27614			
	leval denartm	ent@concordhotels.	-	and Zip Code	
				re annual report notificat	ion)
For further i	information co	ncerning this matter.	, please call:		
	Sarah Nauma	ann	919 at (278-1551	
	Nam	ne of Person	Area Cod	e Daytime Telephor	ne Number
Enclosed i	s a check for t	he following amount	t:		
) Filing Fee	□\$130.00 Filing Certificate of Star	Fee & 🗆 S	\$155.00 Filing Fee & rified Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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				1144	HILL:

The name of the Limited Liability Company is:

M 9: 01

The name of the Elimited Liabil	ny Company is.			2022 MAY 27	AM 9: 01		
CP DT Brickell II I	LLC			SECRETARY TALLAHAS			
(Must cor	natin the words "Limited	Liability Compar	y, "L.L.C.," or "LLC.")	TALLAHAS	SEE, FL		
ARTICLE II - Address: The mailing address and street	address of the principal (office of the Limit	ed Liability Company is:				
<u>Princi</u>	pal Office Address:		Mailing Ado	dress:			
	Raleigh, NC 27614			Raleigh, NC 27614			
(The Limited Liability Compan another business entity with an The name and the Florida stree	active Florida registration	on.) d agent are:	it. You must designate an i	ndividual or			
	Corporation Service	Company Name	-				
		Name					
	1201 Hays Street						
	Florida street addres	ss (P.O. Box <u>NO</u>]	[acceptable]				
	Tallahassee	FL	32301				
	City	State	Zip				
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e. I hereby accept the app provisions of all statutes r bligations of my position Corporation Serv By	pointment as registive lating to the property as registered agentice Company Substantial assistant	ered agent and agree to ac ver and complete performa nt as provided for in Chapt	rt in this capacity. In the of my duties, ar	†		

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Julie Richter 11410 Common Oaks Drive Raleigh, NC 27614 MGR Mark Laport 11410 Common Oaks Drive Raleigh, NC 27614 (Use attachment if necessary) 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Julie Richter

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)