## L22000247451

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## **CORPORATE**

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## WALK IN

	PICK	UP: 6/3 LYNES
XX	CERTIFIED COPY  PHOTOCOPY  CUS	
XX	FILING	LLC
1.	ENVOLVE HOSPITALIT (CORPORATE NAME AND DOCUM	
2.	(CORPORATE NAME AND DOCUM	ENT#)
3.	(CORPORATE NAME AND DOCUM	ENT#)
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5.	(CORPORATE NAME AND DOCUME	ENT#)
6.	(CORPORATE NAME AND DOCUME	ENT #)
SPECIA INSTRU	AL UCTIONS:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		FILED
EVOLVE HOSPITALITY LLC	O NILO Y SONILO Y	<del>2022 J</del> UN -3 AM 10: 15
(Must contain the words "Limited Liability)	Company, "L.D.C., or "LLC.)	
ARTICLE II - Address: The mailing address and street address of the principal office of the	ne Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FL
Principal Office Address:	Mailing Address:	
4881 COMMERCIAL WAY SPRING HILL, FL 34606	4881 COMMERCIAL WAY SPRING HILL, FL 34606	<del> </del>
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		dual or
The name and the Florida street address of the registered agent ar	<b>e</b> :	

Florida street address (P.O. Box NOT acceptable)

LUTZ FL 33558

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. 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.

Name

**4614 AVENUE LONGCHAMPS** 

NIRAV PATEL

(CONTINUED)

Nigar Padel

Registered Agent's Signature (REQUIRED)

	Title:		Name and Address:	
	"AMBR" = Authorized	Member		
	"MGR" = Manager		NID AS/ DATE!	
	AMBR	•	NIRAV PATEL	<del></del>
			4881 COMMERCIAL WAY SPRING HILL, FL 34606	
			SPRING HILL, FL 34600	<del>_</del>
	AMBR		JIGAR PATEL	~2
	AMDR	=	4881 COMMERCIAL WAY	—≋
			SPRING HILL, FL 34606	_ <u>}</u>
			STRING HILL, FL 54000	<b>一</b> と
	AMDD		RASHMIKANT PATEL 325	<b>Z</b>
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)