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S. CHATHAM

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When you need ACCESS to the world

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WA	ALK IN	
		PICK U	J <b>P:</b> _	07/06/2022	
		CERTIFIED COPY			 <del></del>
	xx	РНОТОСОРУ			
		CUS	-		
	xx	FILING	LLC		 
1.		FLS Hospitality Group			 
2.		(CORPORATE NAME AND DOCUMEN	NT #)		 
3.		(CORPORATE NAME AND DOCUMEN	VT #)		 
4.		(CORPORATE NAME AND DOCUMEN	NT #)		 22 JUL _
5.		(CORPORATE NAME AND DOCUMEN	NT #)		 5 AH 3: 5
6.		(CORPORATE NAME AND DOCUMEN	VT #)		 
	ECIAI STRU	L CTIONS:			

### COVER LETTER

	ew Filing Section  vision of Corporations	
SUBJECT	FLS Hospitality Group LLC	
3000201		Limited Liability Company
The enclose	ed Articles of Organization and fee(s	e) are submitted for filing.
Please retur	n all correspondence concerning thi	s matter to the following:
	Christine Concepcion	
		Name of Person
	Global Tax Law PLLC	
		Firm/Company
	201 South Biscayne Bouleva	rd, Suite 800
		Address
	Miami, Florida 33131	•
	Christine@GlobalTaxLaw.com	City/State and Zip Code
_	E-mail address: (to be u	sed for future annual report notification)
For further in	formation concerning this matter, pl	ease call:
	Christine Concepcion	+1 305.444.6669
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
X \$125.00 Fil	ing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: of the Limited Liability Company is:			
	FLS HOSPITALITY GROUP LI	.c		
	(Must contain the words "L	imited Liability Con	npany, "L.L.C.," or "LLC.")	
	E II - Address: ng address and street address of the prir	cipal office of the L	imited Liability Company is:	
	Principal Office Addre	<u>ss</u> :	Mailing Ad	ldress:
	136 banyan cir. jupiter . Florida :	33458	136 banyan cir, jupiter .	Florida 33458
The name		Name		
		Biscayne Bouleva		
		address (P.O. Box )	AOI acceptable)	
	Miami , Flo City		Zip	
place desig further agr	n named as registered agent and to acce nated in this certificate, I hereby accept t we to comply with the provisions of all sta with and accept the obligations of my po	he appointment as retutes relating to the position as registered	for the above stated limited li gistered agent and agree to a proper and complete perform	ct in this capacity. I ance of my duties, and I

(CONTINUED)



#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	at the state of	Name and Address:	
"MGR" = Man	thorized Member		
AMBR	agei	AMBR - Carlos Cordero	
	<del></del>	Address: 10422 Kankakee lane	
		Riverview, FL 33578	
AMBR		AMBR - Andrew Evans	
		Address: 200 Biscayne Blvd Way Apt. 4108 Miami, Florida 33131	
AMBR			
AIVIDIX	<del>-</del>	AMBR - Brent Boyd	
		Address: 136 banyan cir. jupiter	
		. Tollow 55 155	
(Lise attachmen	it if necessary)		
/ Ope attactifiles	•		
CLE V: Effective	date, if other than the date of filing: sted, the date must be specific and	07/05/2022 (OPTIONAL) d cannot be more than five business days prior to or 90 or	days a
CLE V: Effective effective date is list to of filing.)  If the date inserte	ited, the date must be specific and	d cannot be more than five business days prior to or 90 of applicable statutory filing requirements, this date will not	•
CLE V: Effective effective date is list to of filing.)  If the date inserte	ited, the date must be specific and d in this block does not meet the a date on the Department of State's	d cannot be more than five business days prior to or 90 of applicable statutory filing requirements, this date will not	•
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\$ 5.00 Certificate of Status (Optional)