(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Number)
Certified Copies Certificates of Status
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S. CHATHAM OCT 3 1 2022

2022 OCT 31 AM II: 26

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OCUMENT NUMBE	R
	PLEASE FILE THE ATTACHED AND RETURN PLEASE MON
XXX	Plain Copy Certified Copy Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	
	Certificate of Status
	Certificate of Status Reflecting:
COUNTRY OF DESTINA	Certificate of Status Reflecting: **APOSTILLE' / NOTARIAL CERTIFICATION** ATION



October 28, 2022

Via Email: RegistrationsCorpHelp@DOS.MyFlorida.com

Florida Department of State Division of Corporations 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Letter of Consent

Indigo Hospitality Global LLC

To Whom It May Concern:

Please allow this letter to act as a formal Letter of Consent for Indigo Hospitality Global LLC to file this Articles of Organization as this entity shares common ownership to Indigo Hospitality Group LLC (L22000304914).

By:

Robert Cvetkovski, Member of Indigo Hospitality Group LLC

COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJEC	Indigo Hos	spitality Global LI	LC			
20134134		Nai	ne of Lim	iited Liabili	ty Company	
The encl	losed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please re	turn all correspo	ondence concernir	g this ma	tter to the fo	ollowing:	
	Robert Cvet	kovski		al	14	
				Name of	Person	
	Jon Smith S	ubs				
	<u></u> -	• •		Firm/Co	прапу	
	11275 US H	wy 98 W, 6-237			_	
	Address					
	Miramar Be	ach, FL 32550				
	robc@jonsmi	thanks asses	Ci	ty/State and	l Zip Code	·
			be used	for future a	nnual report notificati	
For furthe		ncerning this matt			·	
	Robert Cvetk	ovski	30 at (5	965-9355)	
	Nam	e of Person	Ar	ea Code	Daytime Telephone	e Number
Enclosed	is a check for t	he following amou	ınt:			
□\$ 125.	00 Filing Fee	□\$130.00 Filir Certificate of S		Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327	3	•	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	essee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Indigo Hospitality Global LLC	-
(Must contain the words "Limited Liability)	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
11275 US HWY 98 W, 6-237 MIRAMAR BEACH, FL 32550	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ered Agent's Signature:
The name and the Florida street address of the registered agent are	e:
Robert Cvetkovski	
Name	.
11275 US HWY 98 W, 6-237	
Florida street address (P.O. B	ox NOT acceptable)
MIRAMAR BEACH FL	32550

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR ROBERT CVETKOVSKI 11275 US HWY 98 W, 6-237 MIRAMAR BEACH, FL 32550 (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 SIGNATURES

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.

ROBERT CVETKOVSKI

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)
- \$ 5.00 Certificate of Status (Optional)