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COVER LETTER

TO:	New Filing Section Division of Corporations			
	Bespoke Hospitality			
SUBJI	ECT:Name o	of Limited Liabil	ity Company	
The en	closed Articles of Organization and feet	(s) are submitted	for filing.	
Please	return all correspondence concerning th	is matter to the	following:	
	Tej Patel			
	- 	Name of	Person	
	Bespoke Hospitality			
		Firm/Co	mpany	
	1205 Oak Forest Drive			
		Addr	ess	
	Ormond Beach / FL / 32174			
	tainhuainaga@amail aan	City/State an	d Zip Code	
	tejpbusiness@gmail.com E-mail address: (to be	used for future :	unnual report notification)	
For furth	ner information concerning this matter, p		amour report notification;	
			992 2040	
		386 it (882-2840 	
	Name of Person	Area Code	Daytime Telephone Number	er
Enclos	ed is a check for the following amount:			
□\$12	5.00 Filing Fee	s Certifi	ed Copy Cer al copy is enclosed) Cert	160.00 Filing Fee. tificate of Status & ified Copy ional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2023 JAN 17 PA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
Bespoke Hospitality Ma (Must cona		Liability Com	pany, "L.L.C.," or "L.LC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the Li	mited Liability Company is:
<u>Princips</u>	al Office Address:		Mailing Address:
1205 Oak Forest Drive, Or	mond Beach, Fl, 32174		1205 Oak Forest Drive, Ormond Beach, Fl, 3 3 2 17 4
The name and the Florida street a	address of the registered	d agent are: Name	
	1205 Oak Forest Driv	ve	
	Florida street addres		OT acceptable)
	Ormond Beach	FL	32174
	City	State	Zip
lace designated in this certificate, urther agree to comply with the pr	I hereby accept the app ovisions of all statutes re ligations of my position	ointment as re elating to the p as registered to	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S

(CONTINUED)

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

<u>[itle:</u> 'AMBR" = Authorized Member 'MGR" = Manager	
AMBR	Tei Patel - 1205 Oak Forest Drive. Ormond Beach. FL. 3217
	· -
 	
	
	
Use attachment if necessary)	
etive date is listed, the date must be filing.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.
Trive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's CVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
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