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Division of Corporations

L230 Correct Department of State

Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Ncartagena1400@gmail.com

SEP -8 PM 4: 1A

FLORIDA LIMITED LIABILITY CO. CARTAGENA HOSPITALITY GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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2023 SEP -8 PH 1: 05

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H23000316248

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: CARTAGENA HOSPITALITY GROUP LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
301 W ATLANTIC AVE DELRAY BEACH, FL 33444	301 W ATLANTIC AVE DELRAY BEACH, FL 33444
	The state of the s
NELSON CART	TAGENA
	Name S
131 FULMAR D	DR
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
DELRAY BEAC	CH FL 33444
Cit	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..

Registered Agent's Signature (REQUIRED)

NELSON CARTAGENA

(CONTINUED)

Page 1 of 2

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H23000316248

<u> Citle:</u>		Name and Address:
	Authorized Member	
"MGR" = N	lanager SR	NELSON CARTAGENA
IVIC	211	
		1331 FULMAR DR DELRAY BEACH, FL 33444
		DELIVA DEACH, I C 33444
		
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Use attachr	nent if necessary)	
E V: Effecti etive date is f filing.)	ive date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date is of filing.) E VI: Other	ive date, if other than the da s listed, the date must be	ate of filing:
E V: Effective date is of filing.) E VI: Other	ive date, if other than the date must be slisted, the date must be provisions, if any.	specific and cannot be more than five business days prior to or 9
E V: Effectictive date is filling.) E VI: Other	provisions, if any. Signature of a (In accordance with section constitutes an affirmation I am aware that any false	specific and cannot be more than five business days prior to or 9
E V: Effection of the control of the countries of the cou	provisions, if any. Signature of a (In accordance with section constitutes an affirmation I am aware that any false	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.