# L23000439115

_
_
_
_
_
_
_
7

Office Use Only



500415711885

09/15/23--01025--009 \*\*125.00

2022 SEr 15 PH 1: 57

57

# COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Midlothian Suites LLC			
SUBJEC		e of Limited Liab	ility Company	
The enclo	sed Articles of Organization and f	ce(s) are submitte	d for filing.	
Please ret	urn all correspondence concerning	this matter to the	following:	
	Jason Paul Revelle			
		Name o	of Person	
	Midlothian Suites, LLC			
		Firm/C	ompany	
	2630 W Broward Blvd., Suite 20	03-1864		
		Ado	Iress	
	Fort Lauderdale, Florida 33312	!		
	jay@midlothiansuites.com	City/State a	nd Zip Code	
	<del></del>	be used for future	annual report notificati	ion)
For further	information concerning this matte	r, please call:		
	Jason Paul Revelle	298 at (	635-1622 )	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	s a check for the following amour	ıt:		
	O Filing Fee ☐\$130.00 Filing Certificate of Sta	Fee & S1	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assee et, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	.E I -	Name:
--------	--------	-------

The name of the Limited Liability Company is:

Midlothian Suites 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 Limited Liability Company is:

### **Principal Office Address:**

Mailing Address:

2630 W Broward Blvd., Suite 203-1864 Fort Lauderdale, FL 33312

2630 W Broward Blvd., Suite 203-1864 Fort Lauderdale, FL 33312

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Florida Entrepreneur Law, P.A.

Name

101 NE 3rd Ave. Suite 1500

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

FL 33301 Fort Lauderdale 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.,

Amanda L Decker
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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.  REVELLE JASON PAUL  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)				
AMBR  Cameron Caldwell Griffith 270 Great Falls Blvd., Waterdown, Ontario Ontario, L8B 121  AMBR  Summer Anne Griffith 270 Great Falls Blvd., Waterdown, Ontario Ontario, L8B 121  AMBR  Jason Paul Revelle 4-29-13 Morisaki, Yokosuka City Kanazawa Prefecture 238-0023 Japan  AMBR  Miho Revelle 4-29-13 Morisaki, Yokosuka City Kanazawa Prefecture 238-0023 Japan  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	"MGR" = Manager			
AMBR  Summer Anne Griffith 270 Great Falls Blvd. Waterdown, Ontario Ontario, L8B 121  AMBR  Jason Paul Revelle 4-29-13 Morisaki, Vokosuka Citv Kanagawa Prefecture 238-0023 Japan  AMBR  Miho Revelle 4-29-13 Morisaki, Yokosuka Citv Kanagawa Prefecture 238-0023 Japan  AMBR  Miho Revelle 4-29-13 Morisaki, Yokosuka Citv Kanagawa Prefecture 238-0023 Japan  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOUIRED SIGNATURE:  REOUIRED SIGNATURE:  REVELLE JASON PAUL  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)				
AMBR  Summer Anne Griffith  270 Great Falls Blvd. Waterdown. Ontario Ontario. L8B 121  AMBR  Jason Paul Revelle 4-29-13 Morisaki. Vokosuka City Kanapawa Prefecture 239-0023 Japan  AMBR  Miho Revelle 4-29-13 Morisaki. Vokosuka City Kanapawa Prefecture 238-0023 Japan  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day off filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOURED SIGNATURE: Summer Anne Griffith 270-129-139-109-109-109-109-109-109-109-109-109-10	AMBR	Cameron Caldwell Griffith	<del></del>	
AMBR    Summer Anne Griffith   270 Great Falls Blvd. Waterdown. Ontario   Ontario   L8B 121				
AMBR  Jason Paul Revelle 4-29-13 Morisaki, Yokosuka Citv Kanagawa Prefecture 238-0023 Japan  AMBR  Miho Revelle 4-29-13 Morisaki, Yokosuka Citv Kanagawa Prefecture 238-0023 Japan  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing: ————————————————————————————————————		5116116. 255 221		
AMBR  Jason Paul Revelle 4-29-13 Morisaki, Yokosuka Citv Kanagawa Prefecture 238-0023 Japan  AMBR  Miho Revelle 4-29-13 Morisaki, Yokosuka Citv Kanagawa Prefecture 238-0023 Japan  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing: ————————————————————————————————————	AMBR	Summer Anne Griffith		
AMBR    Jason Paul Revelle		270 Great Falls Blvd., Waterdown, Ontario		
### AUBR #### AUBP ####################################		Ontario. L8B 1Z1		
### AUBR #### AUBP ####################################	AMPR	toron David Davidle		
Miho Revelle  4-29-13 Morisaki, Yokosuka Citv Kanazawa Prefecture 238-0023 Jaoan  (Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	AMBR	4-29-13 Morisaki, Yokosuka City		
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:		Kanagawa Prefecture 238-0023 Japan		
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:				
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:	AMBR			
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:		White Same Lielectore 520-0052 290911		
EV: Effective date, if other than the date of filing:	(Heaptrophyont if nagaza = A			
rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:    REPUBLIE   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.    REVELLE JASON PAUL   Typed or printed name of signee   Filing Fees:   S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   S 30.00 Certificate of Status (Optional)   S 5.00 Certificate of Stat	(Ose attachment if necessary)			
rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REQUIRED SIGNATURE:    REPUBLIE   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.    REVELLE JASON PAUL   Typed or printed name of signee   Filing Fees:   S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   S 30.00 Certificate of Status (Optional)   S 5.00 Certificate of Stat	F.V: Effective date, if other than the date of	Collings (OPTIONAL	<b>\</b>	
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.  REVELLE JASON PAUL  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)	E VI: Other provisions if any			
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.  REVELLE JASON PAUL  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)	Onlei provisions, ii uny.			
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.  REVELLE JASON PAUL  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)				
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.  REVELLE JASON PAUL  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)				
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.  REVELLE JASON PAUL  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)	REQUIRED SIGNATURE:			
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.  REVELLE JASON PAUL  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)	REQUIRED SIGNATURE:	··· · · · · · · · · · · · · · · · · ·		
Constitutes a third degree felony as provided for in s.817.155, F.S.  REVELLE JASON PAUL  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)	REQUIRED SIGNATURE:  REVELLE JASON PAUL (Nop. 7. 2023 21:27 GMF, Signature of a mem	ber or an authorized representative of a member.		
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)	REQUIRED SIGNATURE:  REVELLE JASON PAUL (Sep 7-2023 21:27 GMT)  Signature of a mem This document is executed	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Sta		
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)	REQUIRED SIGNATURE:  REVELLE JASON PAUL (Sep 7 2023 21:27 GMT.)  Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of		
\$ 30.00 Certificate of Status (Optional)	REOUIRED SIGNATURE:  REVELLY JASON PAUL (No.) 7 2023 21-27 GMT.  Signature of a mem  This document is executed I am aware that any false in constitutes a third degree f	ber or an authorized representative of a member.  If in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.		
\$ 30.00 Certificate of Status (Optional)	REQUIRED SIGNATURE:  REVELLE JASON PAUL (No.) 7 2023 21:27 GM f.  Signature of a mem  This document is executed I am aware that any false in constitutes a third degree f	ber or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.  PAUL  Typed or printed name of signee	f State	
\$ 5.00 Certificate of Status (Optional)	REQUIRED SIGNATURE:  REVELLE JASON PAUL (No.) 7 2023 21:27 GM f.  Signature of a mem  This document is executed I am aware that any false in constitutes a third degree f	ther or an authorized representative of a member.  If in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.  PAUL  Typed or printed name of signee	f State	208
\$ 5.00 Certificate of Status (Optional)	REQUIRED SIGNATURE:  REVELLE JASON PAJE (Nop 7 2023 21:27 GMT)  Signature of a mem This document is executed I am aware that any false in constitutes a third degree f  REVELLE JASON	ther or an authorized representative of a member.  If in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.  PAUL  Typed or printed name of signee  Filing Fees:	f State	2022 5
•	REQUIRED SIGNATURE:  REVELLE JASON PAJE (Sup 7 2023 21:27 GMT)  Signature of a mem This document is executed I am aware that any false it constitutes a third degree f  REVELLE JASON  \$125.00 Filling Fee for Articles of Orga	ther or an authorized representative of a member.  If in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.  PAUL  Typed or printed name of signee  Filing Fees:	f State	202 <b>2</b> SE1
	REQUIRED SIGNATURE:  REVELLE JASON PAJE (Sep 7 2023 21:27 GMT-  Signature of a mem  This document is executed I am aware that any false in constitutes a third degree f  REVELLE JASON  \$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	ther or an authorized representative of a member.  It in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.  PAUL  Typed or printed name of signee  Filing Fees:  nization and Designation of Registered Agent	State	
	REQUIRED SIGNATURE:  REVELLE JASON PAJE (Sep 7 2023 21:27 GMT-  Signature of a mem  This document is executed I am aware that any false in constitutes a third degree f  REVELLE JASON  \$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	ther or an authorized representative of a member.  It in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.  PAUL  Typed or printed name of signee  Filing Fees:  nization and Designation of Registered Agent	State	2022 SEF 15
	REQUIRED SIGNATURE:  REVELLE JASON PAJE (Sep 7 2023 21:27 GMT-  Signature of a mem  This document is executed I am aware that any false in constitutes a third degree f  REVELLE JASON  \$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	ther or an authorized representative of a member.  It in accordance with section 605.0203 (1) (b), Florida Stanformation submitted in a document to the Department of elony as provided for in s.817.155, F.S.  PAUL  Typed or printed name of signee  Filing Fees:  nization and Designation of Registered Agent	State	