L24000186000

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(233
Certified Copies Certificates of Status
Germica copies Germicates of Glatus
Special Instructions to Filing Officer:





100418434821

04/24/24--01006--016 **125.60

2024 MPK 24 AH IO: 30

2024 MPR 24 MM 10: 3

.CORPORATE ACCESS,

When you need ACCESS to the world

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

			WALK IN
		PICK UP	: BROOK 4/24
	XX	CERTIFIED COPY PHOTOCOPY	
		GS	
	XX	FILING	LLC
1.		CHATEAU MERRIMACK (CORPORATE NAME AND DOCUME	HOTEL INVESTMENT GROUP, LLC
2.			
	·	(CORPORATE NAME AND DOCUME	NT #)
3.	,	(CORPORATE NAME AND DOCUMF	NT #1
4.			
		(CORPORATE NAME AND DOCUME	NT #)
5.		(CORPORATE NAME AND DOCUME	NT #)
6.			
		(CORPORATE NAME AND DOCUME	NT #)
SPE	CIAI	INSTRUCTIONS:	

COVER LETTER

• • •

	New Filing Sec Division of Co					
SUBJEC	CHATEAU	J MERRIMACK	HOTEL I	NVESTM	ENT GROUP. LLC	
30000	·· <u>-</u>	Na	me of Lim	ited Liabili	ty Company	
The enclo	sed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please reti	arn all correspo	ondence concernia	ng this mat	tter to the fo	ollowing:	
	Jon McGraw					
				Name of	Person	
	McGraw Rai	ıba Mutarelli PA				
			<u>-</u> .	Firm/Cor	npany	
	35 SE 1st Av	enue, Suite 102				
				Addre	SS	
	Ocala, Floric	la 34471				
	jon@lawmrm	.com	Cit	ty/State and	Zip Code	
			be used f	for future a	nual report notificati	on)
For further	information co	ncerning this matt	ter, please	call:		
	Jon McGraw		352 at (2	789-6520	
	Nam	e of Person		ea Code	Daytime Telephone	e Number
Enclosed i	s a check for th	ne following amo	unt:			
≣\$125.04	O Filing Fee	□\$130.00 Filir Certificate of \$		Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section			Street Address New Filing Section Di	vision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	y Company is:		
CHATEAU MERRIN	MACK HOTEL INVES	STMENT GROUP,	LLC
	ain the words "Limited		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal (office of the Limited	l Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
125 NE First Avenue		125	NE First Avenue
Suite 1		Suit	c l
Ocala, Florida 34471		<u>Oca</u>	la, Florida 34470
The name and the Florida street a	_	d agent are:	
	Jon McGraw		
		Name	
	35 SE 1st Avenue, S	uite 102	
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
	Ocala	FL	34471
	City	State	Zip
place designated in this certificate, further agree to comply with the pro-	I hereby accept the app ovisions of all statutes r ligations of my position	ointment as register elating to the proper	e above stated limited liability company at the ed agent and agree to act in this capacity. It and complete performance of my duties, and las provided for in Chapter 605, F.S

ARTICLE IV-

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

MGR AZIM F. SAJU 125 NE First Avenue, Suite 1 Ocala, Florida 34470 See attachment if necessary) V: Effective date, if other than the date of filing:	AMBR" = Authorized Member MGR" = Manager MGR	AZIM F. SAJU
AZIM F. SAJU 125 NE First Avenue. Suite 1 Ocala, Florida 34470 See attachment if necessary) W: Effective date, if other than the date of filing:	<u> </u>	AZIM F. SAJU
ise attachment if necessary) V: Effective date, if other than the date of filing:	MGR	AZIM F. SAJU
See attachment if necessary) W: Effective date, if other than the date of filing:		136 NIE Circu Address Cuide 1
Ise attachment if necessary) W: Effective date, if other than the date of filing:		Ocala Florida 34470
ise attachment if necessary) V: Effective date, if other than the date of filing:		Ocata, Piorida 34470
ise attachment if necessary) V: Effective date, if other than the date of filing:		
ise attachment if necessary) V: Effective date, if other than the date of filing:		
ise attachment if necessary) V: Effective date, if other than the date of filing:		
ise attachment if necessary) V: Effective date, if other than the date of filing:		
ise attachment if necessary) V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:	lan attack-cont (for consens)	
	filing.)	
	filing.) e date inserted in this block does not ment's effective date on the Department of	eet the applicable statutory filing requirements, this date will not
EQUIRED SIGNATURE:	filing.) se date inserted in this block does not ment's effective date on the Department of the Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
/	filing.) se date inserted in this block does not ment's effective date on the Department of the Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
	filing.) se date inserted in this block does not ment's effective date on the Department over the Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
///	filing.) se date inserted in this block does not ment's effective date on the Department of the Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
Signature of a member or an authorized representative of a member.	filing.) se date inserted in this block does not ment's effective date on the Department over the Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
This document is executed in accordance with section 605.0203 (1) (b), Florida St.	filing.) The date inserted in this block does not ment's effective date on the Department of the Other provisions, if any. EQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.
I am aware that any false information submitted in a document to the Department o	filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a menuing the menuing of the content of the content is executed.	mber or an authorized representative of a member.
constitutes a third degree feldily as provided for in s.817.155, F.S.	filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a menuing that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
\square	filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a menuing that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
	filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a ment of the Department of the Dep	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felding as provided for in s.817.155, F.S.
Jon McGraw, as Authorized Agent/Attorney	filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a ment of the Department of the Dep	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Jon McGraw, as Authorized Agent/Attornev Typed or printed name of signee	filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a ment of the Department of the Dep	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Typed or printed name of signee	filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a ment of the Department of the Dep	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. authorized Agent/Attorney Typed or printed name of signee
Typed or printed name of signee Filing Fees:	Filing.) The date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment of the Department of the	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. authorized Agent/Attorney Typed or printed name of signee Filing Fees:
Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Filing.) The date inserted in this block does not ment's effective date on the Department of the VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a ment of the Department of the	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. authorized Agent/Attorney Typed or printed name of signee Filing Fees:
