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KECEIVED MMX21 PM 5:40	Ecom: ORATION:	Fax Number  Account Name Account Number Phone Fax Number  Enter the email a annual report  Email Address	: (305)552-5973 : (305)675-5944 address for this business entity to be used for fut mailings. Enter only one email address please.**	TÁLLAHÁSSEÐ FLÖRIÐA	2024 HAY 21 AM 9: 27	

## FLORIDA LIMITED LIABILITY CO. HCH HOTELS STRATEGY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ART	ICLI	E I -	Name:

The name of the Limited Liability Company is:

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TÄLLAHASSEE, FLORIDA

	HCH	Hotels	Strategy	Ll.	C
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(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:
21050 NE	38th Ave		21050 NE 38th Ave
Suite 605			Suite 605
Aventura, I	FL 33180		Aventura, FL 33180
mother business entity	with an active Florida registration.)		ent. You must designate an individual or
The name and the Flori	ida street address of the registered agen	•	
The name and the Flori	PEREZ ABELLO LAW P	LLC	
The name and the Flori		LLC	
The name and the Flori	PEREZ ABELLO LAW P	LLC ne	·
The name and the Flori	PEREZ ABELLO LAW P	PLLC me 1309	T acceptable)
The name and the Flori	PEREZ ABELLO LAW P Nan 1390 S. Dixie Hwy, Suite	PLLC me 1309	T acceptable)

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)

(CONTINUED)

<u>  Pitle:</u>  AMBR" = Authorized Member  MGR":= Manager	Name and Address:
MGR	Daniel Del Rio 21050 NE 38th Ave, Suite 605 Aventura, FL 33180
MGR	Pablo Ramos 21050 NE 38th Ave, Suite 60 Aventura, FL 33180

(Use attachment if necessary) (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 SIGNATURE:

> Signature of a member of an accordance with section 605.0203 (1) (0), Florida States I am aware that any false information submitted in a document to the Department of States at third degree felony as provided for in s.817.155; F.S. Signature of a member or an authorized representative of a member. Daniel Del Rio

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)

SEE, FLORIDA