

Florida Department of State

Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)333-2132

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

Email Address: rdemers85@gmail.com

FLORIDA LIMITED LIABILITY CO.  
5781 SW 16th Court LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
5781 SW 16TH COURT LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I — Name:**

The name of the Limited Liability Company is 5781 SW 16th Court LLC

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 5251 SW 18<sup>th</sup> Street, Plantation, FL 33317.

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE IV — Registered Agent:**

The name and street address of the initial registered agent for this Limited Liability Company is Alan B. Cohn, Greenspoon Marder LLP, 200 East Broward Blvd. Suite 1800, Fort Lauderdale, Florida 33301.

**ARTICLE V — Management:**

The Limited Liability Company is to be managed by managers and the names and addresses of the initial managers who are to serve as managers are:

Deborah Demers  
5251 SW 18<sup>th</sup> Street  
Plantation, FL 33317

Richard Demers  
5251 SW 18<sup>th</sup> Street  
Plantation, FL 33317

The managers of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members.

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Whereof, the undersigned has executed these Articles this 3<sup>rd</sup> day of June 2024.

/s/ Alan B. Cohn  
Alan B. Cohn, Esq.  
Authorized Representative of Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: 5781 SW 16th Court LLC
2. The name and address of the registered agent and office is:

Greenspoon Marder LLP (the "Firm")  
200 E. Broward Blvd., Suite 1800  
Fort Lauderdale, FL 33301

*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, the Firm hereby accepts the appointment as registered agent and agree to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and the Firm is familiar with and accept the obligations of its position as registered agent.*

<u>/s/Alan B. Cohn</u>	<u>June 3, 2024</u>	
Alan B. Cohn, Esq., For the Firm	(Signature)	Date

## Florida Department of State

Division of Corporations

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Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.****GF Hospitality Orlando Celebration, LLC**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GF Hospitality Orlando Celebration, 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:303 W. Lancaster Ave. #290Wayne, PA 19087Mailing Address:303 W. Lancaster Ave. #290Wayne, PA 19087

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Registered Agents Inc

Name

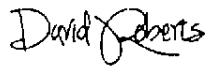
7901 4th St N, STE 300Florida street address (P.O. Box **NOT** acceptable)St. PetersburgFL33702

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.*



Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

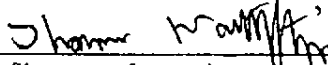
"MGR" = Manager

AMBRHospitality Resources Associates, LLC303 W. Lancaster Ave. #290Wayne, PA 19087AMBRJeffrey Kolessar303 W. Lancaster Ave. #290Wayne, PA 19087

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 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.

Thomas Worthington, Authorized Representative

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)

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