

L24000399986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

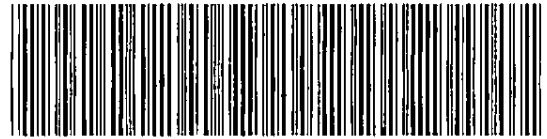
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 SEP 16 AM 9:47

2024 SEP 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
 From: Shauna Godbolt
 Ext: x61563
 Date: 09/16/24
 Order #: 1625384-3
 Re: Dp Clemson Equity LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation
 Amount to be deducted from our State Account: \$155 - FL State Account Number
 I20000000195 CC

Please take the following action:

File in your office on basis
 Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 DIVISION OF STATE
 TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DP Clemson Equity LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1010 Brickell Avenue, Unit 2003
Miami, FL 33131

1010 Brickell Avenue, Unit 2003
Miami, FL 33131

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:

Pappas Hotels Inc.

Name

1010 Brickell Avenue, Unit 2003

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

Miami

FL

33131

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..

Constantine Pappas

Constantine Pappas (Sep 16, 2024 09:25 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Pappas Hotels Inc.
1010 Brickell Avenue, Unit 2003, Miami, FL 33131

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TALLAHASSEE, FL
STATE

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(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:

Constantine Pappas
Constantine Pappas (Sep 16, 2024 09:25 EDT)

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.

Constantine Christopher Pappas
Typed or printed name of signee

Filing Fees:

- S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 - S 30.00 Certified Copy (Optional)
 - S 5.00 Certificate of Status (Optional)
- FIN-65865