

L24000461753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

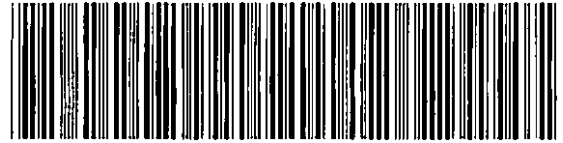
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2024 NOV -1 PM12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 NOV -1 PM12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DRG Hospitality Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Stanton  
Name of Person

N/A  
Firm/Company

706 Jenks Ave  
Address

Panama City, FL 32401  
City/State and Zip Code

cfo@losmexgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Stanton, 850, 381-1146  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division  
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 Liability Company is:

DRG Hospitality Group, 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:

706 Jenks Ave  
Panama City, FL 32401

Mailing Address:

SAME

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:

Suzanne Stanton

Name

706 Jenks Ave

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

Panama City, FL 32401

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..*

S. Stanton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 NOV -1 PM 12:40  
CLERK OF DISTRICT COURT  
CLASSEL, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Ismael Barragan

3313 Harbor Place  
Panama City, FL 32405

MGR

Silvino Barragan

305 Geneva Ave  
Panama City Beach, FL 32407

MGR

Omar Taleb

119 Charleston Court  
Panama City Beach, FL 32407

MGR

Sergio De La Vara

200 Stonegate Circle  
Santa Rosa Beach, FL 32459

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/24 (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:**

S. Stanton

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.

Suzanne Stanton

Typed or printed name of signer

**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)