

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

125000026307

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CORPORATE SERVICES

**FLORIDA LIMITED LIABILITY CO.
SMO Hospitality LLC**

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

FILED
SECRETARY OF STATE
JAN 27 2025
TALLAHASSEE, FLORIDA



January 24, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: SMO HOSPITALITY LLC
REF: W25000008968

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tim Burch
Operations Manager A

FAX Aud. #: H25000026307
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SMO Hospitality LLC

(Must end with 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:**189 Arlington Rd
West Palm Beach, FL 33405189 Arlington Rd
West Palm Beach, FL 33405**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:

Sean O'Brien

Name

189 Arlington RdFlorida street address (P.O. Box **NOT** acceptable)West Palm BeachFL 33405

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated on 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)**Sean O'Brien**

(CONTINUED)

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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

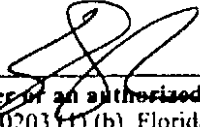
AMBRAMBR**Name and Address:**Sean O'Brien189 Arlington RdWest Palm Beach, FL 33405Brianna O'Brien189 Arlington RdWest Palm Beach, FL 33405

(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.)

ARTICLE VI: Other provisions, if any:**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Sean O'Brien

Typed or printed name of signee

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