

M21000016324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

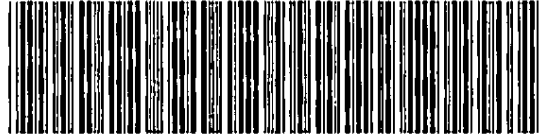
Certificates of Status _____

Special Instructions to Filing Officer:

Out of
Date (us)

W21-56544

Office Use Only



100376431441

11/15/21--01017--007 **160.00

RECEIVED
ESTATE
NOV 16 2021
3 PM 2:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2021

JIGNESH PATEL
27504 PINE POINT DR
WESLRY CHAPEL, FL 33544

SUBJECT: MASTER HOSPITALITY LLC
Ref. Number: W21000150544

We have received your document for MASTER HOSPITALITY LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 821A00028190

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Master Hospitality LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jignesh Patel
Name of Person

Firm Company

27504 Pine Point Dr.
Address

Wealey Chapel FL 33544
City State and Zip Code

DILSE_99@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jignesh Patel at 813 679-2346
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Master Hospitality LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "FLLC")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "FLLC.")

2. South Carolina 3. 47-2337283
(Jurisdiction under the law of which foreign limited liability company is incorporated) (Tax ID number, if applicable)

4. _____
(Date first transacted business in Florida; if prior to registration, see sections 605.09(4) & 605.09(5), F.S., for determining priority date)

5. 27504 Pine Point Dr.
(Street Address of Principal Office)

6. 27504 Pine Point Dr.
(Mailing Address)

Wealey Chapel FL 33544

Wealey Chapel FL 33544

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

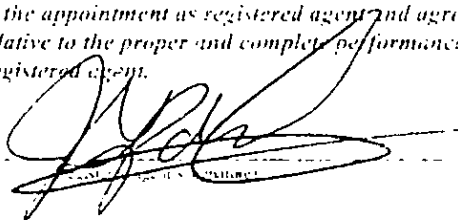
Name: Jignesh Patel

Office Address: 27504 Pine Point Dr.

Wealey Chapel Florida 33544
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Name of Registered Agent)

RECEIVED
2021-03-03 PM 2:40
STATE
OFFICE
FL

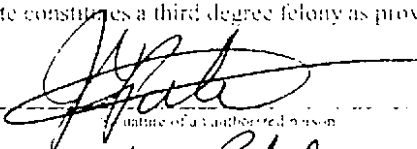
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jignesh Patel</u>	<input type="checkbox"/> Manager	Name: <u>Hemandri Patel</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>27504 Pine Point Dr</u> <u>Wesley Chapel FL 33544</u>	<input type="checkbox"/> Authorized Person	<u>27504 Pine Point Dr.</u> <u>Wesley Chapel FL 33544</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0202 (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.



Signature of a authorized person
Jignesh Patel

Typed or printed name of signer

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

MASTER HOSPITALITY LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 1st, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 30th day
of November, 2021.


Mark Hammond, Secretary of State