

Florida Department of State

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M2200006698Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)517-6383

From:

Account Name : THE SKEEN LAW GROUP, P.A.
Account Number : 120160000054
Phone : (954)300-1529
Fax Number : (954)374-9841

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

Email Address: paralegal@skreenlawoffice.com

Foreign Limited Liability Company
A5 Hospitality LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AS 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:

Richard L. Skeen, Esquire

Name of Person

The Skeen Law Group, P.A.

Firm/Company

2450 Hollywood Blvd., Suite 105

Address

Hollywood, FL 33020

City/State and Zip Code

paralegal@Skeenlawoffice.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard L. Skeen

Name of Contact Person

954

Area Code

300-1529

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. A5 Hospitality LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(State or other jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FED number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0504 & 605.0905, F.S. to determine penalty liability)

5. 6065 NW 167TH ST, STE B-20
(Street Address of Principal Office)

6. 6065 NW 167TH ST, STE B-20
(Mailing Address)

Hialeah, FL

Hialeah, FL

33015

33015

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

Name: The Skeen Law Group, P.A.

Office Address: 2450 Hollywood Blvd., Suite 105

Hollywood, Florida 33020
(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.

[Signature]
(Registered agent's signature)

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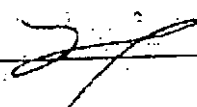
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: LND LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 8 THE GREEN	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	STE. R	<input type="checkbox"/> Authorized	_____
Person	Dover, DE 19901	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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 605.0203 (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.



Signature of an authorized person
LND LLC, Manager

Typed or printed name of signer

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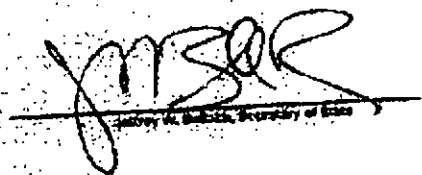
Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "A5 HOSPITALITY LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE FOURTH DAY OF APRIL, A.D. 2022.




Jeffrey W. Bullock, Secretary of State

6060440.8300

SR# 20221259677

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203089959

Date: 04-04-22

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