Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

C RICO JAN 1 0 2020

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845) 425-0077

Fax Number

: (845)818-3588

48

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

Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION FLL Hospitality, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE 1 The name of the o	FLL Hospitality, Inc.		_	
<u>ARTICLE II</u>	PRINCIPAL OFFICE Principal street address Suites, 2450 Quantum Blvd	ì	Mailing address, if different is:	
Boynton Beach,				
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:	all lawful business		
ARTICLE IV	SHARES 100 hares of stock is:			JAN
	INITIAL OFFICERS AND/OR DIRECTORS			3
Name a	nd Title: GUARINI, ROBERT J, Pres., D,	Name and Title	Costas, John, VP, D	
Address	c/o TownePlace Suites	Address:	c/o TownePlace Suites	<u>ယ</u>
	2450 Quantum Blvd		2450 Quantum Blvd	
	BOYNTON BEACH, FL 33426		BOYNTON BEACH, FL 33426	
Name at	nd Title:	Name and Title	<u> </u>	
Address	s	Address:		
		None and Tista		_
Name ar	nd Title:			
Address	§	Address:		
				

Name a	nd Title:	Name and Title:
Addres	<u> </u>	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Joshua Gerstin	, or 110.08 mm. rd all or 10.
Address:	40 SE 5th St., Suite 610	_
	Boca Raton, FL 33432	
ARTICI E VII	INCORPORATOR	
<u> </u>		
the <u>name and r</u>	address of the Incorporator is:	
Name:	Taylor Lolya	<u> </u>
Address:	25 Robert Pitt Drive, Suite 20	<u> </u>
	Monsey, NY 10952	_
ABTICI E IJIII	EFFECTIVE DATE:	
Effective date, i	f other than the date of filing:	. (OPTIONAL) not be more than five days prior or 90 days after the
	te inserted in this block does not meet the applicable effective date on the Department of State's records	ole statutory filing requirements, this date will not be listed as is.
Having been na this certificate	omed as registered agent to accept service of proce am familiar with and accept the appointment as t	ess for the above stated corporation at the place designated registered agent and agree to act in this dapacity
1	Required Signature/Registered Agent	
I diplose this do	• • •	re true. I am aware that the false information submitted in
document to the	Department of State constitutes a third degree fel-	lony as provided for in s.817.155, F.S.
	gegrota-(_	1/10/2020
Requ	ifred Signature/Incorporator	Date