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D. O'KEEFE SEP - 1 2022

		. CO	OVER LETTER	, k
	ew Filing So ivision of Co	ection Orporations		
SUBJECT	. Si	hanti Lodging, LLC		
		Name of Li	mited Liability Company	
The enclose	ed Articles o	f Organization and fee(s) a	re submitted for filing.	
Please retur	n all corresp	ondence concerning this m	atter to the following:	
		Ankitkumar Pate	I	
	· .		Name of Person	
			Firm/Company	
		1017 Olivia Drive	,	
-	-		Address	
_		Lewisville TX 7506	7	
_		a.patel8@yahoo.co	lity/State and Zip Code	
			for future annual report notificat	tion)
For further int	formation co	ncerning this matter, pleaso	e call:	
_	Ankitkun	nar Patel	209 , 470-9198	
	Nam	e of Person A	rea Code Daytime Telephor	ne Number
Enclosed is a	check for the	he following amount:		
⊠\$125.00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	□S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address	Street Address	

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

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 Liab	ility Company is:			
	nti Lodging, LLC			
	ontain the words "Limited	Linhility Compos	u wi I C P - wi I C W	_
(mast co	mani me words Emmed	i Liaointy Compan	y. "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limit	ed Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
7230 Planta	tion Road		_ 1017 Olivia Drive	
Pensacola, FL	. 32504		Lewisville TX 75067	-
The name and the Florida stree	Ankitkumar 7230 Planta	Patel Name		
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	
	Pensacol	a, FL 32504		
	City	State	Zip	
place designated in this certificat further agree to comply with the t	e, I hereby accept the app provisions of all statutes re obligations of my position Docus	ointment as registe elating to the prope as registered agen. loned by: Color B85463F401	he above stated limited liability company a cred agent and agree to act in this capacity or and complete performance of my duties, t as provided for in Chapter 605, F.S	. 1

(CONTINUED)

122 SEP - 1 AM 7: 55

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	Ankitkumar Patel
	7230 Plantation Road
	Pensacola, FL 32504
	77.11.202
	ORI ORI
	P P
Use attachment if necessary)	7: 55 LORID
V: Effective date, if other than the date of f	iling: (Option) (1)
tive date is listed, the date must be specifi	ic and cannot be more than five business days prior to or 9
ctive date is listed, the date must be specifi filing.)	the applicable stantory filing requirements, this data will a
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Etive date is listed, the date must be specifically filing.) the date inserted in this block does not meet tent's effective date on the Department of St. VI: Other provisions, if any. EOUIRED SIGNATURE:	the applicable statutory filing requirements, this date will notate's records.
EQUIRED SIGNATURE: Signature of a member of secured in this document is executed in this block does not meet ent's effective date on the Department of S. VI: Other provisions, if any.	the applicable statutory filing requirements, this date will notate's records. The applicable statutory filing requirements, this date will notate's records. The applicable statutory filing requirements, this date will notate applicable statutory filing requirements.
This document is executed in am aware that any false infe	the applicable statutory filing requirements, this date will notate's records. State's records.

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)