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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SEECTIVE DATE 01/01/17

11/03/16

COVER LETTER

10:	Registration Section Division of Corporations	
OUDIE	71 West 64th Street, LLC	
SUBJE	ECT:Name of Lin	nited Liability Company
The end	closed Articles of Organization and fee(s) are	e submitted for filing.
Please r	return all correspondence concerning this ma	atter to the following:
	Lourdes D. Ermer, Esq.	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	Dergan Ermer Law, PA	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company
	7900 Harbor Island Drive, No. 713	
		Address
	North Bay Village, FL 33141	
	C Yogirentals@gmail.com	ity/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For furth	ner information concerning this matter, please	e call:
	Lourdes Ermer 30)5 213-4124
	<u> </u>	rea Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	00 Filing Fee \$\frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

71 West 64th Street, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
CLE II - Address:	
iling address and street address of the principal office of Principal Office Address:	of the Limited Liability Company is: Mailing Address:
, ,	, , ,

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Lourdes D. Ermer, Esc	 .	
	Name	
7900 Harbor Island Dr	ive, No. 713	
Florida street address	(P.O. Box NOT ac	cceptable)
North Bay Village,	FL	33141
City	State	Zip

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 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)

(CONTINUED)

Page 1 of 2

2016 OST 31 PH 2: 15

"MGR" = Manager MGR/AMBR PEDROA. SANCHEZ 45 West 17th Street Hialeah, FL 33010 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: Interview date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records. LE VI: Other provisions, if any. a Manager managed LLC REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. 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. Pedro A, Sanchez Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title:		Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: January 1, 2017 (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ament's effective date on the Department of State's records. LE VI: Other provisions, if any. Manager managed LLC Signature of a member or an authorized representative of a member. 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. Pedro A. Sanchez Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)			
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