

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.

(((H190001498083)))



H190001498083ABC7

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)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3068

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

Email Address: harry@samuelsaccounting.com

FLORIDA LIMITED LIABILITY CO. 2315 SAN YSIDRO DRIVE LLC

Certificate of Status	I
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

9 MAY -7 PM 4: 14

Electronic Filing Menu

Corporate Filing Menu

Help

H19000149808 3

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2315 SAN YSIDRO DRIVE LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Malling Address:
4955 LAKEVIEW DRIVE	4955 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Harry M. Samuels	
Name	
2901 Stirling Road, #307	,
Florida street address (P.O. Box	(NOT acceptable)
Ft. Lauderdale	FL 33312
City	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. J.S..

Registered Agent's Signature (REQUIRED)

Harry M. Samuels

(ZONTINUED)

Page Lof2

H19000149808 3

JSTIN HARRELSON 55 LAKEVIEW DRIVE AMI BEACH, FL 33140 ARAH GOLDSMITH HARRELSON 55 LAKEVIEW DRIVE AMI BEACH, FL 33140
55 LAKEVIEW DRIVE AMI BEACH, FL 33140 ARAH GOLDSMITH HARRELSON 55 LAKEVIEW DRIVE
AMI BEACH, FL 33140 ARAH GOLDSMITH HARRELSON 55 LAKEVIEW DRIVE
ARAH GOLDSMITH HARRELSON 55 LAKEVIEW DRIVE
55 LAKEVIEW DRIVE
AMI BEACH, FL 33140
nnot be more than five business days prior to or 9
uthorized representative of a member.
(b), Florida Statutes, the execution of this documen
(b), Florida Statute, the execution of this documen lties of perjury that the facts stated herein are true, omitted in a document to the Department of State

Page 2 of 2

1/001 Fax Server



May 7, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: 2315 SAN YSIDRO DRIVE LLC

REF: W19000044181

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000149808 Letter Number: 719A00009105