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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4003

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)982-1555
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NO JAN 12 PM 4:00
DIVISION OF CORPORATIONS
KATHERINE HARRIS

LIMITED LIABILITY COMPANY

Y4L, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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01/12/00 14:19 FAX 305 377 8239

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FAX NO. 305 705 0842

F L S D ATTORNEY

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P. 02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Y4L, LLC

ARTICLE II - Address:

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

2875 N.E. 191st Street, Suite 512
Aventura, FL 33180

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

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

Robert Lansburgh

Name

2875 N.E. 191st Street, Suite 512

Florida street address (P.O. Box NOT acceptable)

Aventura, FL 33180

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 608, F.S.

X

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

X

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Lansburgh

Typed or printed name of signee

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FAX NO.

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JAN-12-00 WED 03:48 PM FIELDSTONE & DENBERG

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P. 03

01/12/00 14:19 FAX 305 377 6234

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Y4L LLC

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

Robert Lansburgh

Name

2875 N.E. 191st Street, Suite 512

Florida street address (Box NOT acceptable)

Aventura, FL 33180

City, State, and 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 608, F. S.

X

(Signature)

NO JAN 12 PM 4:00

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