

LA0000077966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

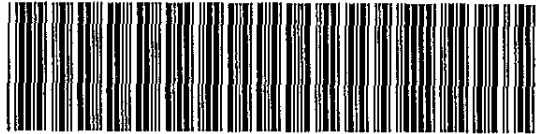
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

10/25

FL LC

Office Use Only



100041555281

10/25/04--01022--012 \*\*125.00

FILED

STATE OF FLORIDA  
TALLAHASSEE

04 OCT 25 AM 9:37

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YORC GEM VENTURES, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR E. SANCHEZ  
(Name of Person)

LAW OFFICES OF OSCAR E. SANCHEZ, P.A.  
(Firm/Company)

600 BRICKELL AVENUE, SUITE 701  
(Address)

MIAMI, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

OSCAR E. SANCHEZ at ( 305 ) 416-0060  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

YORC GEM VENTURES, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

600 BRICKELL AVENUE, SUITE 701  
MIAMI, FL 33131

#### Mailing Address:

600 BRICKELL AVENUE, SUITE 701  
MIAMI, FL 33131

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

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

OSCAR E. SANCHEZ

Name

600 BRICKELL AVENUE, SUITE 701

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

MIAMI, FL 33131

FL

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..*

  
Registered Agent's Signature

(CONTINUED)

FILED  
04 OCT 25 AM 9:17  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

OSCAR E. SANCHEZ

600 BRICKELL AVENUE, SUITE 701

MIAMI, FL 33131

MGRM

CESAR A. MUNIZ

801 BRICKELL KEY BLVD. #3304

MIAMI, FL 33131

MGRM

GIOVANNI HERRERA

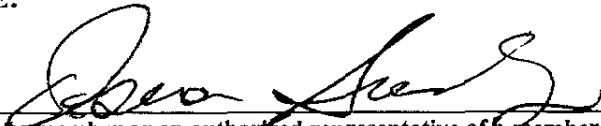
3876 S.W. 112 AVE. # 330

MIAMI, FL 33165

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

OSCAR E. 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)**

**\$ 5.00 Certificate of Status (Optional)**