## 105000019870

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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
1				
Certified Copies Certificates of Status				
Special Instanctions & Sittle Office				
Special Instructions to Filing Officer:				
2/24 PCC				
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Office Use Only



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05 FEB 24 / / / / 127

## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ATY LLC (Name of Limited	Liability Company)	
	Organization and fee(s) are su		
Please return all correspo	Ancy Mena	_	
	(I	Firm/Company)	
	030 NM 163	B Drive (Address)	
	Miami Fl (City/	33169 State and Zip Code)	
For further information co	oncerning this matter, please o	call:	
Yancy Men	Oli O. f Person)	at (305) OIU- (Area Code & Daytime Te	3438 lephone Number)
Enclosed is a check for	the following amount:		1
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREE	ET ADDRESS:	MAILING AI	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FL ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY
ATY LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1020 NW 163 Drive Miami, Fl 33/69	1020 NW 163 Dave Miami, FL 33169
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
	egistered agent are:  LOS Drive  ress (P.O. Box NOT acceptable)  FL 33169  nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature 05 FEB 24

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	nger nnaging Member	Name and Address:
MGRM MGRM		3162 SW 26 St Miami, FL 33133 Yarry Mendia Ayesha Yesil 40 Star Island Miami Beach, FL 33139
(Use attachment	- ,	
NOTE: An add		t be added if an effective date is requested.
REQUIRED SI	CNATIDE	

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)