

# U05000107879

Florida Department of State  
Division of Corporations  
Public Access System

② 11/4

## Electronic Filing Cover Sheet

**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.**

((H05000257508 3)))

**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) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED

05 NOV -4 PM 2:21

DIVISION OF CORPORATIONS

U05-107879

## LIMITED LIABILITY COMPANY

offi 163 st, llc

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 NOV -4 PM 1:35

FILED

mft

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000257508

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
OFI 163 ST, LLC**

**ARTICLE I Name:**

The name of the Limited Liability Company is:

**OFI 163 ST, LLC**

**ARTICLE II Address:**

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

**18851 NE 29<sup>th</sup> Avenue, Ste 900  
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:

**Leonardo A. Roth, Esq.  
Roth, Rouso, Katsman & Schneider, LLP.  
18851 NE 29<sup>th</sup> Avenue, Ste 900  
Aventura, FL 33180**


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

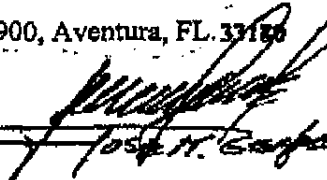
**ARTICLE IV Management:** (Check box if applicable)

☒ The Limited Liability Company is to be managed by the managers and the name and address of the managers are:

1. Tomas Martin Gerpe: 18851 NE 29<sup>th</sup> Avenue, Ste 900, Aventura, FL 33180.
2. Jose Maria Gerpe: 18851 NE 29<sup>th</sup> Avenue, Ste 900, Aventura, FL 33180.

  
TOMAS M. GERPE

Signature

  
Jose M. Gerpe

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

Typed or printed name of signee

H05000257508

FILED

NOV -4 PM 1:35

RECEIVED  
CLERK OF STATE  
TALLAHASSEE FLORIDA