Florida Department of State

Division of Corporations **Public Access System**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305)633-9696

RIDA/FOREIGN LIMITED LIABILITY CO.

ytm empire holdings, llc

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

C. LEWIS DEC 232008 **EXAMINED**

12/8/2008 8:33 PAGE 001/001 Florida Dept of State



December 9, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE

SUBJECT: YTM EMPIRE HOLDINGS, LLC

REF: W08000054522

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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

FAX Aud. #: H08000269260 Letter Number: 008A00059649



P.O BOX 6327 - Tallahassee, Florida 32314

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2008 DEC 22 AM 8: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIBA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ompany is:

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

Alan K. Marcus, Esq.
Name
2600 Douglas Road, Suite 1111
Florida street address (P.O. Box NOT acceptable
Coral Gables, _{FL} 33134
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 (REQUIRED)

(CONTINUED) Fage 1 of 2

H08000269260

H08000769260

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2000 DEC 22 AM 8: 37

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

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing M	ember
MGRM - Yamin Meneses	16310 SW 8 Way
	Miami, FL 33194
·	
(Use attachment if necess	ary)
(Use attachment if necessa	
CLE V: Effective date, if of	her than the date of filing: (OPTIONA
CLE V: Effective date, if of	her than the date of filing: (OPTIONAl ate must be specific and cannot be more than five business day
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CLE V: Effective date, if of effective date is listed, the do days after the date of filling required SIGNATUI	her than the date of filing:
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CLE V: Effective date, if of effective date is listed, the depot days after the date of filling recourse Signature (In accordant to this do	her than the date of filing:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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