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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03-26-2012

NAME:

YOGURTINI COCOWALK, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAU

COVER LETTER

	Corporations	-
SUBJECT:	Yogurtini Co	cowalk LLC
	Name of Limite	ed Liability Company
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.
Please return all corre	espondence concerning this wat	ca to the following:
	Kelli Vos	
		Name of Person
	Sem	per Law Group, LLP
***************************************		Firm/Company
	333 (S Hope Street, Suite 3950
		Address
	l os A	Angeles, CA 90071
	Cit	y/State and Zip Code
		nperlawgroup.com
	E-mail address: (to be used:	or future annual report notification)
For further information	on concerning this matter, pleas	e call:
Rot	ert Duran	at 213 437-9700
Nai	me of Person	at (213) 437-9700 Area Code & Daytime Telephone Number
Enclosed is a check	o for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasses FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Yogurtini Cocowalk LLC Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Latitude One Miami 175 SW 7th Street Suite 1107 Miami, FL 33130	Same
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Registered Agent So	olutions, Inc.

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..

City, State, and Zip

Florida street address (P.O. Box <u>NOT</u> acceptable): e _{FL} 32301

155 Office Plaza Drive, Suite A

Tallahassee

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" - Managirag Membe	Name and Address:
MGR	Emilio Braun
	175 SW 7th Street Sulte 1107
	Mlami,FL 33130
MGR	Javier Braun
	175 SW 7th Street Suite 1107
	Mjami, FL 33130
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LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Classification of a constitutes an affirmation of a constitutes an affirmation.	nust be specific and cannot be more than five business days

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)