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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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D. BRUCE

AUG 10 2012

EXAMINER

August 3, 2012

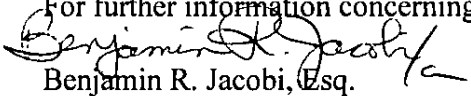
To: Registration Section
Division of Corporations

SUBJECT: YORK ST. APT., LLC

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

Please return all correspondence concerning this matter to: Benjamin R. Jacobi, Esq.
Benjamin R. Jacobi, P.A.
1313 N.E. 125th Str. - #200
North Miami FL 33161
jacobilawfirm@aol.com

For further information concerning this matter, please call:


Benjamin R. Jacobi, Esq. 305/893-4135

☒ \$125.00 Filing Fee

☐ \$130.00 Filing
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG -9 PM 12:00

APPROVED
AND
FILED

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
Tallahassee FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YORK ST. APT., LLC

ARTICLE II - Address:

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

Principal Office Address:

1215 York Street
Opa Locka FL 33054

Mailing Address:

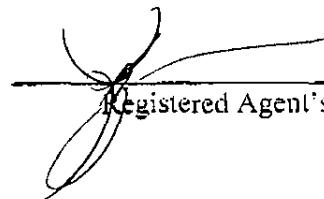
14301 N.W. 27th Avenue
Opa Locka FL 33054

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

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

Kathy Signore
14301 N.W. 27th Avenue
Opa Locka FL 33054

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG - 9 PM 12: 00

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" - Managing Member

MGRM

Kathy Signore
14301 N.W. 27th Avenue
Opa Locka FL 33054

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

KATHY SIGNORE

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)

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA