

# L13000125733

**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.**

((H130001964163)))



H130001964163ABC+

**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) 617-6383

From:

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

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FILED**  
 2013 SEP -5 AM 10:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

## FLORIDA LIMITED LIABILITY CO. YMP BOA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

65576

**RECEIVED**

2013 SEP -5 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 06 2013  
D. BRUCE



September 5, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE

SUBJECT: YMP BOA, LLC  
REF: W13000049063

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections: refax the complete document, including the electronic filing cover sheet.

Refax the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist IIFAX Aud. #: H13000196416  
Letter Number: 613A00020917SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 SEP -5 AM 10:16

FILED

P.O BOX 6327 - Tallahassee, Florida 32314

H1300096416

(3)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

YMP BOA, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2413 Fisher Island Drive

2413 Fisher Island Drive

Fisher Island, Florida 33109

Fisher Island, Florida 33109

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Moshe Popack

Name

2413 Fisher Island

Florida street address (P.O. Box **NOT** acceptable)

Fisher Island 33109

FL

City, State, and Zip

FILED  
2019 SEP -5 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

Page 1 of 2

H13002196416

H13000196416

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Moshe Popack

2413 Fisher Island

Fisher Island 33109

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Moshe Popack

\_\_\_\_\_  
Typed or 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)

Page 2 of 2

FILED  
2018 SEP -5 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H13000196416