

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : BELOFF, PARKER, JACOBS, PLC.
 Account Number : I20080000060
 Phone : (305) 673-1101
 Fax Number : (305) 673-5505

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

Email Address: Elizabeth@beloffParker.com

FLORIDA LIMITED LIABILITY CO.
DJMS RIVIERA, LLC

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

RECEIVED

14 MAY 27 PM 2:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2014 MAY 27 PM 2:04

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAY 28 2014

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DJMS RIVERA, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Charlene Ranall

Name of Person

Echion USA, Inc.

Firm/Company

8880 W. Oakland Park Blvd, Suite 201

Address

Sunrise, FL 33351

City/State and Zip Code

charlene.ranall@echion.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Ranall

Name of Person

at (954)

Area Code

748-8880

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DJMS RIVIERA, 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:

Jonathan Fryd
523 Michigan Avenue
Miami Beach, FL 33139

Jonathan Fryd
523 Michigan Avenue
Miami Beach, FL 33139

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:

Jonathan Fryd
Name
523 Michigan Avenue
Florida street address (P.O. Box NOT acceptable)
Miami Beach FL 33139
City 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

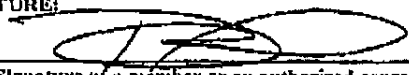
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Seth Gadinsky</u> <u>1680 Michigan Avenue, #1001</u> <u>Miami Beach, FL 33139</u>
<u>MGR</u>	<u>Jonathan Fryd</u> <u>523 Michigan Avenue</u> <u>Miami Beach, FL 33139</u>
<u>AMBR</u>	<u>Jonathan Fryd</u> <u>523 Michigan Avenue</u> <u>Miami Beach, FL 33139</u>
<u>AMBR</u>	<u>Alexander Fryd</u> <u>523 Michigan Avenue</u> <u>Miami Beach, FL 33139</u>

(Use attachment if necessary) See attached!

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Daniel Horne
Typed or printed name of signer

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)

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TITLE

NAME AND ADDRESS

AMBR

SCMB Inc.
c/o Daniel Hotte
8890 W. Oakland Park Blvd, #201
Sunrise, FL 33351

AMBR

Seth Gadinsky
Revocable Trust
1680 Michigan Avenue, #1001
Miami Beach, FL 33139

AMBR

Elizabeth Grace Gadinsky
Revocable Trust
1680 Michigan Avenue, #1001
Miami Beach, FL 33139

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