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Florida Department of State
Division of Corporations
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(((H14000123924 3)))

H140001239243ABC-

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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

RECEIVED
14 MAY 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
DJMS RIVIERA, LLC

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

B. BOSTICK
MAY 28 2014
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DJMS RIVIERA, 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 Ranalli
Name of Person

Echion USA Inc.
Firm/Company

8890 W. Oakland Park Blvd. Suite 201
Address

Sunrise, FL 33351
City/State and Zip Code

charlene.ranalli@echion.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Ranalli at (954) 749-8990
Name of Person Area Code 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

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	Jonathan Fryd
523 Michigan Avenue	523 Michigan Avenue
Miami Beach, FL 33139	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:

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

(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 Hotte
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)

2014 MAY 13 PM 12:21

05/27/2014 14:05 BELOFF PA (FAX)305 673 5505 P.004/005

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