

# L/16000128599

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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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) 617-6381

From:

Account Name : CORP USA  
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: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
YMP RIVERSIDE PALMS, LLC**

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

113191

**RUSH**

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*Please file on the day that JUL 2016 for 7/16/16*

*07/14/16*

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<https://efile.sunbiz.org/scripts/efilecovr.exe>

7/12/2016

BUSY: BUSY/NO RESPONSE

DATE, TIME	07/12 16:40
FAX NO./NAME	18506176381
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

TIME : 07/12/2016 16:40  
NAME : CORP USA  
FAX : 3056339696  
TEL : 18065862685  
SER.# : BR066J504820

TRANSMISSION VERIFICATION REPORT

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
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BUSY: BUSY/NO RESPONSE

DATE, TIME	07/12 15:47
FAX NO./NAME	18506176381
DURATION	00:00:00
PAGE(S)	02
RESULT	BUSY
MODE	STANDARD

TIME : 07/12/2016 15:47  
NAME : CORP USA  
FAX : 3056339696  
TEL : 18005862685  
SER.# : BR066J504820

TRANSMISSION VERIFICATION REPORT

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H16000 167686

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YMP RIVERSIDE PALMS, 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:

777 NW 155th Lane  
Suite 111  
Miami, FL 33169

777 NW 155th Lane  
Suite 111  
Miami, FL 33169

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.)

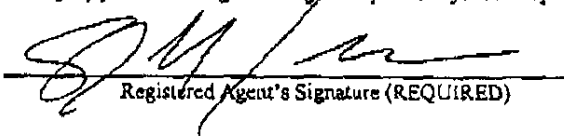
The name and the Florida street address of the registered agent are:

Moshe Popack  
Name

777 NW 155th Lane, Suite 111  
Florida street address (P.O. Box NOT acceptable)

<u>Miami</u>	<u>FL</u>	<u>33169</u>
City	State	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)

FILED  
NOTICE  
16 JUL 12 PM 11:27

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Moshe Popack

777 NW 155th Lane, Suite 111

Miami, FL 33169

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

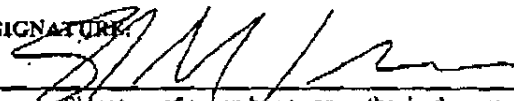
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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 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)

45 - 12 011:27