116000201799

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			





000291546480

10/31/16--01041--024 **125.00

2016 OCT 31 PM 2: 59
SELICHARY OF STATE
FALLAHASSEE, FLORIDA

V HERRING NOV - 4 2016

COVER LETTER'

10:	Division of Corporations	
	30 West 58th Street, LLC	
SUBJE	ECT: Name of Lin	mited Liability Company
ens.		1. 10. 10. 60
The end	nclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
	Lourdes D. Ermer, Esq.	
	**************************************	Name of Person
	Dergan Ermer Law, PA	
		Firm/Company
	7900 Harbor Island Drive, No. 713	
		Address
	North Bay Village, FL 33141	
	Yogirentals@gmail.com	City/State and Zip Code
	E-mail address: (to be used	d for future annual report notification)
For furth	her information concerning this matter, pleas	se call:
		305 213-4124
		Area Code Daytime Telephone Number
Enclose	sed is a check for the following amount:	
\$125.0	00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing 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:		2	FILED 1016 OCT 31 PM 2: 59
30 West 58th Street, LLC		•	. PM 2:59
30 West 58th Street, LLC (Must end with the words " ARTICLE II - Address:	Limited Liability Con	npany, "L.L.C.," or "LLC	DAS LOTE OF STATE
ARTICLE II - Address: The mailing address and street address of the print			
Principal Office Addre	<u>ss</u> :	<u>Mailing</u>	Address:
45 West 17th Street, Hialeah, FL 330	10	45 West 17th Street, Hia	deah, FL 33010
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida registered and the Florida street address of the re	its own Registered Agistration.) gistered agent are:		an individual or
7000 Harbor	Island Drive, No. 713	•	
	address (P.O. Box N		_
North Bay Vi		33141	
Cit	y State	Zip	
Having been named as registered agent and to accept place designated in this certificate, I hereby accept further agree to comply with the provisions of all st am familiar with and accept the obligations of my p	the appointment as re anutes relating to the p position as registered a	gistered agent and agree to proper and complete perfor agentas provided for in Ch Luny Signature (REQUIRED)	o act in this capacity. I rmance of my duties, and I

Page 1 of 2

Title:	on authorized to manage and control the Limi Name and Address:	2016 OCT 31 1
"AMBR" = Authorized Member		99131
"MGR" = Manager MGR/AMBR	PEDRO A. SANCHEZ	TATE OF GARY
	45 West 17th Street	- 35 FF 1
	Hialeah, FL 33010	
		
	4 1 4 4 11 11 11 11 11 11 11 11 11 11 11	
		··· · · · · · · · · · · · · · · · · ·

	·	
(Use attachment if necessary) EV: Effective date, if other than the	date of filing: January 1, 2017	(OPTIONAL)
EV: Effective date, if other than the extive date is listed, the date must be filling.)	be specific and cannot be more than five bus not meet the applicable statutory filing require	siness days prior to or 9
EV: Effective date, if other than the ective date is listed, the date must have filling.) the date inserted in this block does ment's effective date on the Department.	not meet the applicable statutory filing requirement of State's records.	siness days prior to or 9 rements, this date will no
E V: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Department's effective date on the Department E VI: Other provisions, if any. Manager managed LLC REOUIRED SIGNATURE: Signature of This document is earlier any aware that any	not meet the applicable statutory filing requirement of State's records. Lack Lack Lack Lack Lack Lack Lack Lack	e of a member. (1) (b), Florida Statutes, the Department of State
E V: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's effective date on the Department E VI: Other provisions, if any. Manager managed LLC REOUIRED SIGNATURE: Signature of This document is explain a ware that any	not meet the applicable statutory filing requirement of State's records. Lower for an authorized representative executed in accordance with section 605.0203	e of a member. (1) (b), Florida Statutes, the Department of State
E V: Effective date, if other than the ective date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Department's effective date on the Department E VI: Other provisions, if any. Manager managed LLC REOUIRED SIGNATURE: Signature of This document is earlier any aware that any	not meet the applicable statutory filing requirement of State's records. a member or an authorized representative executed in accordance with section 605.0203 false information atomitted in a document to egree felony as provided for in s.817.155, F.5.	e of a member. (1) (b), Florida Statutes, the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)