## 1/600203542

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
| n. n.                   |                    |             |

Office Use Only



700291546417

10/31/16--01041--017 \*\*125.00

SECTION PH 2: 04

M. MOON OCT 3 1 2016

## COVER LETTER

| TO:       | Registration Section Division of Corporations   |                         |   |  |            |         |
|-----------|---|-------------------------|---|--|------------|---------|
| CHDIE     | 1412 West 38th Street, LLC  |                         |   |  |            |         |
| SUBJE     |   | Limited Liability       | Company   | <del> </del>   |            |         |
| The en    | closed Articles of Organization and fee(s)  | are submitted fo        | r filing.   |  |            |         |
| Please    | return all correspondence concerning this   | matter to the following | lowing:   |  |            |         |
|           | Lourdes D. Ermer, Esq.  |                         |   |  |            |         |
|           |   | Name of Pe              | erson   |  |            |         |
|           | Dergan Ermer Law, PA  |                         |   |  |            |         |
|           |   | Firm/Com                | pany  |  |            |         |
|           | 7900 Harbor Island Drive, No. 713   |                         |   |  | <u> </u>   | C       |
|           |   | Address                 | 3   |  | 3          | 7       |
|           | North Bay Village, FL 33141   |                         |   |  | <u>~</u> ; | 3<br>51 |
|           | Yogirentals@gmail.com   | City/State and 2        | Zip Code  |  |            | 7       |
|           | E-mail address: (to be us   | sed for future ann      | ual report notification   | ation)   | Q 22.      | >       |
| For furth | er information concerning this matter, ple  | ease call:              |   |  |            |         |
|           | Lourdes Ermer   |                         | 213-4124  |  |            |         |
|           | Name of Person  | Area Code               | Daytime Telepho   | one Number   |            |         |
| Enclose   | ed is a check for the following amount:   |                         |   |  |            |         |
|           | 0 Filing Fee \$130.00 Filing Fee & Certificate of Status  | Certified               | Filing Fee &<br>Copy<br>copy is enclosed)   | \$160.00 Filing<br>Certificate of S<br>Certified Copy<br>(additional copy) | tatus &    |         |
|           | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | No<br>Di<br>CI<br>26    | reet Address ew Filing Section ivision of Corpora lifton Building 661 Executive Cer allahassee, FL 32 | nter Circle  |            |         |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 1412 Wes                                    | st 38th Street, LLC  |   |  |   |
|---|--|---|--|---|
|   | (Must end with the words "Limited Lia  | oility Com                                  | pany, "L.L.C.," or "LLC.")                                     |   |
| ARTICLE II - Addi                           | ress:<br>and street address of the principal office  | of the Lim                                  | nited Liability Company is:                                    |   |
|   | Principal Office Address:  |   | Mailing Address:   |   |
| 45 West 1                                   | 7th Street, Hialeah, FL 33010  |   | 45 West 17th Street, Hialeah, FL 33010                         |   |
|   |  |   |  |   |
| <del></del>                                 |  |   | · · · · · · · · · · · · · · · · · · ·                          |   |
| The Limited Liabilit<br>nother business ent | ity with an active Florida registration.)  | istered Age                                 | Agent's Signature:<br>ent. You must designate an individual or |   |
| The Limited Liabilit<br>nother business ent | y Company cannot serve as its own Reg  | istered Age                                 |  | • |
| The Limited Liabilit<br>mother business ent | y Company cannot serve as its own Regity with an active Florida registration.)  orida street address of the registered age  Lourdes D. Ermer, Esq.   | istered Age                                 |  |   |
| The Limited Liabilit<br>mother business ent | y Company cannot serve as its own Regity with an active Florida registration.)  orida street address of the registered age  Lourdes D. Ermer, Esq.   | istered Agent are:                          |  |   |
| The Limited Liabilit<br>nother business ent | y Company cannot serve as its own Regity with an active Florida registration.)  orida street address of the registered age  Lourdes D. Ermer, Esq.   | istered Age nt are: me ., No. 713           | ent. You must designate an individual or                       |   |
| The Limited Liabilit<br>nother business ent | y Company cannot serve as its own Regity with an active Florida registration.)  orida street address of the registered age  Lourdes D. Ermer, Esq.  Na  7900 Harbor Island Drive                             | istered Age nt are: me ., No. 713           | ent. You must designate an individual or                       |   |
| The Limited Liabilit<br>mother business ent | y Company cannot serve as its own Regity with an active Florida registration.)  orida street address of the registered age  Lourdes D. Ermer, Esq.  Na  7900 Harbor Island Drive  Florida street address (P. | istered Age nt are: me ., No. 713 O. Box NC | ent. You must designate an individual or                       |   |

(CONTINUED)

Page 1 of 2

16 00T 31 PH 2: 04

| <u>Title:</u> "AMBR" = Authorized   | l Member   | Name and Address:  |                 |
|---|--|--|-----------------|
| "MGR" = Manager<br>MGR/AMBR   |  | PEDRO A. SANCHEZ   |                 |
| MGK/AMBK  | -  | 45 West 17th Street  | <del></del>     |
|   |  | Hialeah, FL 33010  |                 |
|   |  | macan, 112 33010   | <del></del>     |
|   |  |  |                 |
|   | -  | <del></del>  | <del></del>     |
|   |  |  |                 |
|   |  |  | <del></del>     |
|   |  |  |                 |
|   | -  | <del></del>  | <del></del>     |
|   |  | <del></del>  | <del></del>     |
|   |  |  |                 |
|   |  |  |                 |
|   | -  |  |                 |
|   |  |  |                 |
|   |  |  |                 |
| (Use attachment if nece   | essary)  |  |                 |
| ective date is listed, the<br>of filing.)<br>the date inserted in this  | e date must be specifi<br>s block does not meet  | filing: January 1, 2017 (OPTIONA) ic and cannot be more than five business days prior to the applicable statutory filing requirements, this date   | to or <b>90</b> |
| ective date is listed, the<br>of filing.)   | e date must be specifi<br>s block does not meet  | ic and cannot be more than five business days prior to<br>the applicable statutory filing requirements, this date  | to or <b>90</b> |
| ective date is listed, the of filing.) the date inserted in this nent's effective date or   | e date must be specifi<br>s block does not meet<br>n the Department of S   | ic and cannot be more than five business days prior to<br>the applicable statutory filing requirements, this date  | to or <b>90</b> |
| ective date is listed, the of filing.) the date inserted in this ment's effective date or EVI: Other provisions, Manager managed LLC  | e date must be specificated by the behavior of States of the Department of States of S | ic and cannot be more than five business days prior to the applicable statutory filing requirements, this date state's records.  Aco & Accul   | to or <b>90</b> |
| cetive date is listed, the filing.) the date inserted in this nent's effective date or E VI: Other provisions, Manager managed LLC  REQUIRED SIGNAT  S This do I am av  | s block does not meet to the Department of S if any.  TURE:  Signature of a membourment is executed in ware that any false inf   | the applicable statutory filing requirements, this date state's records.  Let of an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stormation submitted in a document to the Department of  | will not        |
| ective date is listed, the filing.) the date inserted in this nent's effective date or EVI: Other provisions, Manager managed LLC  REQUIRED SIGNAT  S This do I am ay constit   | s block does not meet in the Department of S if any.  FURE:  Signature of a membor ocument is executed in the degree fellowers at third degree fellowers.  | the applicable statutory filing requirements, this date state's records.  Let be applicable statutory filing requirements, this date state's records.  Let or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida States.   | will not        |
| ctive date is listed, the filing.) the date inserted in this nent's effective date or EVI: Other provisions, Manager managed LLC  REQUIRED SIGNAT  S This do I am ay constitutions.   | s block does not meet in the Department of S if any.  FURE:  Signature of a membocument is executed in the degree fell Pedro A. Sanchez  | the applicable statutory filing requirements, this date state's records.  Let or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida State or an authorized in a document to the Department of lony as provided for in s.817.155, F.S.  | tatutes.        |
| ctive date is listed, the filing.) the date inserted in this nent's effective date or EVI: Other provisions, Manager managed LLC  REQUIRED SIGNAT  S This do I am ay constitutions.   | s block does not meet in the Department of S if any.  FURE:  Signature of a membocument is executed in the degree fell Pedro A. Sanchez  | the applicable statutory filing requirements, this date state's records.  Let of an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stormation submitted in a document to the Department of  | tatutes.        |
| ctive date is listed, the filing.) the date inserted in this nent's effective date or EVI: Other provisions, Manager managed LLC  REQUIRED SIGNAT  S This do I am ay constitutions.   | s block does not meet in the Department of S if any.  FURE:  Signature of a membocument is executed in the degree fell Pedro A. Sanchez  | the applicable statutory filing requirements, this date state's records.  Let or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stormation submitted in a document to the Department of lony as provided for in s.817.155, F.S.  Typed or printed name of signee               | will not        |
| ctive date is listed, the filing.) the date inserted in this nent's effective date or E VI: Other provisions, Manager managed LLC  REOUIRED SIGNAT  S This do I am av constit   | s block does not meet in the Department of S if any.  FURE:  Signature of a membor occument is executed in ware that any false infutes a third degree fel Pedro A. Sanchez   | the applicable statutory filing requirements, this date state's records.  Let or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stormation submitted in a document to the Department of lony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: | tatutes.        |
| ctive date is listed, the filing.) the date inserted in this nent's effective date or EVI: Other provisions, Manager managed LLC  REOUIRED SIGNAT  Standard am aveconstite  \$125.00 Filing Fee for                             | s block does not meet to the Department of S if any.  FURE:  Signature of a membor occument is executed in the degree fel Pedro A. Sanchez  Toor Articles of Organ   | the applicable statutory filing requirements, this date state's records.  Let or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stormation submitted in a document to the Department of lony as provided for in s.817.155, F.S.  Typed or printed name of signee               | tatutes.        |
| ective date is listed, the of filing.) the date inserted in this ment's effective date or E VI: Other provisions, Manager managed LLC  REQUIRED SIGNAT  S This do I am aveconstite \$125.00 Filing Fee for \$30.00 Certified Co | s block does not meet in the Department of S if any.  Signature of a membocument is executed in the degree felloware that any false infutes a third degree felloware that a third degree f | the applicable statutory filing requirements, this date state's records.  Let or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stormation submitted in a document to the Department of lony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: | tatutes.        |
| ective date is listed, the of filing.) the date inserted in this ment's effective date or EVI: Other provisions, Manager managed LLC  REQUIRED SIGNAT  SThis do I am aveconstite  \$125.00 Filing Fee for \$30.00 Certified Co  | s block does not meet to the Department of S if any.  FURE:  Signature of a membor occument is executed in the degree fel Pedro A. Sanchez  Toor Articles of Organ   | the applicable statutory filing requirements, this date state's records.  Let or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stormation submitted in a document to the Department of lony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: | tatutes.        |

ARTICLE IV-