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SECRETARING STATE

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COVER LETTER

то:	Registration Section Division of Corporations				
CHDI	77 West 17th Street, LLC				
SUBJI		ne of Limited Li	ability Company		
The en	closed Articles of Organization and	fee(s) are submi	tted for filing.		
Please	return all correspondence concernir	g this matter to t	he following:		
	Lourdes D. Ermer, Esq.				
		Name	e of Person		-
	Dergan Ermer Law, PA			<i>ب</i>	i - 1
		Firm	/Company		
	7900 Harbor Island Drive, No	. 713		<u> </u>	
		A	ddress	37	
	North Bay Village, FL 33141			3: 28	Gic 1976
	Yogirentals@gmail.com	City/State	e and Zip Code		
	E-mail address: (to	be used for futu	ire annual report notifica	ation)	-
For furtl	ner information concerning this matt	er, please call:			
	Lourdes Ermer	305 at (213-4124		
	Name of Person	Area Cod	le Daytime Telepho	one Number	
Enclos	ed is a check for the following amo	unt:			
	00 Filing Fee \$130.00 Filing Certificate of S	Fee & \$1	55.00 Filing Fee & rtified Copy tional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	s	Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cen		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

77	West 17th Street, LLC					
	(Must end with t	the words "Limited I	iability Cor	mpany, "L.L.C.," or "LLC.")		
ARTICLE II		s of the principal off	ice of the Li	mited Liability Company is:		
	Principal Office Address:			Mailing Address:		
4:	45 West 17th Street, Hialeah, FL 33010			45 West 17th Street, Hialeah, FL	33010	
The name and	I the Florida street addre	ess of the registered a	•			
		Name				
		00 Harbor Island Dr				
Florida street address (P.O. Box NOT acceptable)						
North Bay Village FL		33141				
		City	State	Zip		
place designate further agree to	ed in this certificate, I her o comply with the provision	eby accept the appoi ons of all statutes rela	ntment as fe ating to the p registered o	for the above stated limited liability gistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 60:	iis capacity. I f my duties, and	
		Register	ed Agent's	Signature (REQUIRED)	č	
					Ç	

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3:28

"AM	Title: "AMBR" = Authorized M "MGR" = Manager MGR/AMBR	Member	Name and Address:		
MG. MGF			Pedro A. Sanchez		
			45 West 17th Street		
			Hialeah, FL 33010		
	· · · · · · · · · · · · · · · · · ·			·	
·					
			•		
·	(Use attachment if necessary)				
CLE V:	Effective date, if o	ther than the date of filing	January 1,2017	(OPTIONAL)	
		date must be specific an	d cannot be more than five busi	ness days prior to or 90 days	
te of filir If the d		block does not meet the	applicable statutory filing require	ments this date will not be lis	
		the Department of State'		sinents, this date will not be its	
CLE VI:	Other provisions, i	f any.			

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.

Pedro A. Sanchez

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)