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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

M. MOON OCT 3 1 2016

COVER LETTER

10:	Registration Section Division of Corporations		
G1170.11	15 West 60th Street, LLC		
SUBJE	Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	5 25
	Lourdes D. Ermer, Esq.		00 31 31
		Name of Person	
	Dergan Ermer Law, PA		<u>မှာ</u> မှာ
		Firm/Company	0
	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	er information concerning this matter, pleas	se call:	
		213-4124	
		Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:		
\$125.0	0 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Fil Certified Copy (additional copy is enclosed) Certified Co (additional co	of Status &
	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

15 West 60th Street,	LLC			
(Must end	with the words "Limited I	Liability Con	npany, "L.L.C.," or "LLC.")	
TICLE II - Address: mailing address and street a	ddress of the principal off	ice of the Li	mited Liability Company is:	
<u>Princip</u>	Principal Office Address:		Mailing Address:	
45 West 17th Street,	Hialeah, FL 33010		45 West 17th Street, Hialeah, FL 33010	
e Limited Liability Company	cannot serve as its own R	Registered Ag	Agent's Signature: gent. You must designate an individual or	
e Limited Liability Company ther business entity with an	y cannot serve as its own R active Florida registration.	tegistered Ag		
e Limited Liability Company ther business entity with an	y cannot serve as its own R active Florida registration.	tegistered Ag		
ne Limited Liability Company other business entity with an	y cannot serve as its own R active Florida registration. address of the registered a Lourdes D. Ermer, Esc	tegistered Ag		
ne Limited Liability Company other business entity with an	y cannot serve as its own R active Florida registration. address of the registered a Lourdes D. Ermer, Esc	tegistered Apple (1) agent are: Name	gent. You must designate an individual or	
RTICLE III - Registered Age the Limited Liability Company other business entity with an ename and the Florida street	y cannot serve as its own R active Florida registration. address of the registered a Lourdes D. Ermer, Esc	tegistered Ap.) agent are: Name rive, No. 713	gent. You must designate an individual of	
ne Limited Liability Company other business entity with an	y cannot serve as its own R active Florida registration. address of the registered a Lourdes D. Ermer, Esc 7900 Harbor Island Dr	tegistered Ap.) agent are: Name rive, No. 713	gent. You must designate an individual o	

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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR/AMBR	Pedro A. Sanchez
	45 West 17th Street
	Hialeah, FL 33010
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: January 1, 2017 (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than effective date is listed, the date muste of filing.)	t be specific and cannot be more than five business days prior to or 90 da
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CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block do cument's effective date on the Department's effective date on the Department a Manager managed LLC REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be rement of State's records.
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block do cument's effective date on the Department's effective date on the Department a Manager managed LLC REOUIRED SIGNATURE: Signature	es not meet the applicable statutory filing requirements, this date will not be retirement of State's records. Substitute of State of State of a member,
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block do cument's effective date on the Department of the Department o	es not meet the applicable statutory filing requirements, this date will not be retirement of State's records. State of a member or an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than effective date is listed, the date must be of filing.) If the date inserted in this block do cument's effective date on the Department's effective date on the Department's a Manager managed LLC REQUIRED SIGNATURE: Signature This document is I am aware that a	es not meet the applicable statutory filing requirements, this date will not be retirement of State's records. Substitute of State of State of a member,

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)