

L18000064977

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.

(((H18000083405 3)))



H180000834053ABC#

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

FILED
 18 MAR 14 PM 4:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

****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 SEASIDE, LLC**

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

RECEIVED
 2018 MAR 14 PM 3:56
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YMP SEASIDE, LLC

(Must contain 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:

4500 N. State Road 7
Suite 100
Lauderdale Lakes, FL 33319

Mailing Address:

4500 N. State Road 7
Suite 100
Lauderdale Lakes, FL 33319

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
4500 N. State Road 7, Suite 100
Florida street address (P.O. Box **NOT** acceptable)
Lauderdale Lakes FL 33319
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR 14 PM 4:22

FILED

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)

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
4500 N. State Road 7, Suite 100
Lauderdale Lakes, FL 33319

FILED
18 MAR 14 PM 4:22
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

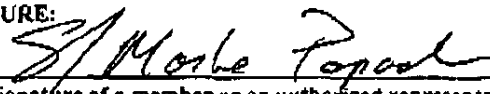
(Use attachment if necessary)

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)