

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BELOFF LAW, P.A.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

C RICO

JAN 09 2020

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SHERRY@BELOFFLAW.COM

FLORIDA LIMITED LIABILITY CO.
815 DILIDO, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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COVER LETTER

**TO: REGISTRATION SECTION
 DIVISION OF CORPORATION**

SUBJECT: NEW FILING

The enclosed Articles of Organization and Fees(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**Jonathan D. Beloff, Esq.
Beloff Law, P.A.
1691 Michigan Avenue, Suite 250
Miami Beach, Florida 33139
Telephone: 305-673-1101
Fax: 305-673-5505
Email Address: Sherry@belofflaw.com**

Requested Items:

**Entity Filing
Certificate of Status
Certified Copy**

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**ARTICLES OF ORGANIZATION
FOR
815 DILIDO, LLC,
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: **815 DILIDO, LLC**

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is: 2318 North Bay Road, Miami Beach, FL 33139

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida address of the registered agent are: Keith Michael Menin, 2318 North Bay Road, Miami Beach, FL 33139

Having been named as registered agent and to accept service of process for the above state 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.



KEITH MICHAEL MENIN, Registered Agent

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DIVISION OF CORPORATIONS
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ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

TITLE:

NAME AND ADDRESS:

Manager/Member

KEITH MICHAEL MENIN
2318 North Bay Road
Miami Beach, FL 33139

ARTICLE -V - Effective Date, if other than the date of filing: _____(Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



KEITH MICHAEL MENIN, Manager/Member

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(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 s817.155,F.S.)

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