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Name:	Yakar FundCo LLC
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COVER LETTER

TO:	New Filing Section Division of Corporation	ns			
SUBJE	Yakar FundCo LLC				
SUBJE	U1:	Name of Lim	ited Liabilit	y Company	
The enc	losed Articles of Organiza	ation and fee(s) are	submitted f	or filing.	
Please r	eturn all correspondence c	oncerning this mat	uer to the fo	llowing:	
	Kimberly Beard, Para	ilegal			
			Name of I	erson	
	Venable LLP				
			Firm/Con	ірапу	
	750 East Pratt Street				
			Addre	SS	
	Baltimore, Maryland	21202			
			ty/State and	Zip Code	
	Esti Karp EKarp@ya E-mail ad		for future ar	inual report notificati	on)
For furthe	er information concerning	this matter, please	call:		
	Kimberly Beard	41	0	244-7668	
	Name of Pers		rea Code	Daytime Telephone	Number
Enclose	d is a check for the follow	ing amount:			
	.00 Filing Fee □\$130	0.00 Filing Fee & icate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre New Filing Sect Division of Cot P.O. Box 6327	ion porations		Street Address Sew Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Callahassee, FL 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Yakar FundCo LLC				<u> </u>
(Must contai	n the words "Limited I	Liability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited L	iability Company is:	
Principal	Office Address:		Mailing Address:	
WeWork Southeast Fi	nancial Center	WeWo	ork Southeast Financia	l Center
200 S. Biscavne Blvd.			200 S. Biscayne Blvd. 20th Floor	
Miami, Florida 33131			i, Florida 33 <u>1</u> 31	
	C T Corporation System Name			
	C 1 Corporation Sys			:
	1200 South Pine Isla	Name and Road		1 1
	1200 South Pine Isla	Name	ceptable)	
	1200 South Pine Isla	Name and Road	peptable)	
	1200 South Pine Isla Florida street addres Plantation City	Name and Road is (P.O. Box <u>NOT</u> acc Florida State	33324 Zip	
laving been named as registered a lace designated in this certificate, a arther agree to comply with the pro m familiar with and accept the obl	1200 South Pine Isla Florida street addres Plantation City gent and to accept serv I hereby accept the appositions of all statutes t	Name and Road as (P.O. Box <u>NOT</u> acc Florida State size of process for the accontinent as registered agent as registered agent as	Zip zip above stated limited lial dagent and agree to acund complete performat s provided for in Chapte	bility company at t t in this capacity. nce of my duties, a er 605, F.S
lace designated in this certificate when caree to comply with the pre	1200 South Pine Isla Florida street addres Plantation City gent and to accept serv I hereby accept the appovisions of all statutes r ligations of my position C T Corporation By:	Name and Road as (P.O. Box <u>NOT</u> acc Florida State size of process for the accontinent as registered agent as registered agent as	Zip Zip above stated limited lial d agent and agree to acund complete performat s provided for in Chapte	bility company at t t in this capacity. nce of my duties, a er 605, F.S

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
	athorized Member	
"MGR" = Man	nager	
MGR	Avery Eisenreich	-
	88 Bal Bay Drive	
	Bal Harbour, Florida 33154	-
	<u> </u>	
		<u> </u>
te of filing.) If the date insert	ted in this block does not meet the applicable statutory filing requive date on the Department of State's records.	
CLE VI: Other pr	rovisions, if any.	
<u>REOUIRED</u>	SIGNATURE:	
	David Sussman Authorized Re	epresentative
	Signature of a member or an authorized representati This document is executed in accordance with section 605.020	
	I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.155.	to the Department of State
	I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.155.	to the Department of State
	Lam aware that any false information submitted in a document	to the Department of State
	I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.155. I	to the Department of State
	I am aware that any false information submitted in a document constitutes a third degree felony as provided for in s.817.155.	to the Department of State

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)