# Taylor Seay 8004323622 orida Department of State

## Division of Corporations **Electronic Filing Cover Sheet**

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622 \*\*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. MASUDA OMAKASE MIAMI LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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## **COVER LETTER**

	New Filing Sec Division of Cor					
SUBJEC		nakase Miami LLC				
SCBJEC		Name o	Lim	ited Liabilit	y Company	
The enclo	osed Articles of	Organization and fee(	s) are	submitted 1	for filing.	
Please ret	turn all correspo	ndence concerning thi	s ma	tter to the fo	llowing:	
	Dominique S	Song				
		<del></del>		Name of I	Person	-
	Squire Patto	n Boggs (US) LLP				
				Firm/Con	пралу	
	201 N. Frank	klin Street, Suite 2100				
				Addre	SS	· · · · · · · · · · · · · · · · · · ·
	Tampa, Flor	ida 33602				
	dominique n	song@gmail.com	C	ity/State and	Zip Code	
		E-mail address: (to be	used	for future ar	mual report notificati	on)
For further	information co	ncerning this matter, p	lease	call:		
	Dominique S		65 t (	-	898-5551	
	Nam	e of Person	_	rea Code	Daytime Telephone	e Number
Enclosed	is a check for the	he following amount:				
	00 Filing Fee	□\$130.00 Filing Fe Certificate 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)
	New F Division P.O. B	iling Section on of Corporations ox 6327 assec, FL 32314		7 1 2	Street Address New Filing Section Di The Centre of Tallaha 415 N. Monroe Street Fallahassee, FL 3230	ssee et, Suite 810

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AL.	IICI		- 14	AILIC.
The	name	of	the	Limit

ed Liability Company is:

Masuda Omakase Miami 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:

Mailing Address:

20281 East Country Club Drive 20281 East Country Club Drive Apt 905 Apt 905 Aventura, FL 33180 Aventura, FL 33180

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:

Capitol Corporat	e Services, Inc.	
	Name	•
515 E Park Ave.	Floor 2	
Florida street addre	ss (P.O. Box <u>NOT</u> :	acceptable)
Tallahassee	FL	32301
City	State	Zip

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..

> Taylor Seay, Asst. Sec. on behalf of Capitol Corporate Services, Inc. Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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<u>litle:</u> AMBR" = Authorized Membe	Name and Address:
MGR" = Manager	
Manager	Abraham Chetrit
	20281 East Country Club Drive, Apt 905
	Aventura, FL 33180
Manager	Ariella Arev
Manager	20281 East Country Club Drive, Apt 905
	Aventura, FL 33180
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