

L22000172352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

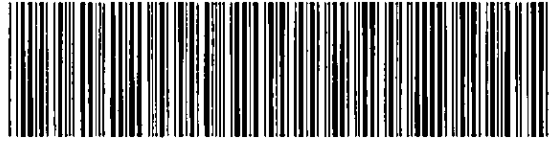
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800385798118

04/26/22--01001--013 **260.00

FILED
2022 APR 25 AM 8:54
TALLAHASSEE, FL

RECEIVED
2022 APR 25 PM 2:44
TALLAHASSEE, FLORIDA

DATE: 4/13/22

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. YSA MANAGEMENT LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9245 FOR: \$260.00 (\$130.00 for this filing)

THANK YOU!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: YSA MANAGEMENT LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLARA MONTEAGUDO

Name of Person

CBA MIAMI LLC

Firm/Company

1600 PONCE DE LEON BLVD STE 901

Address

CORAL GABLES, FL. 33134

City/State and Zip Code

clara.monteagudo@cbamiamius.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARA MONTEAGUDO

786

303-1578

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2022

FLORIDA RESEARCH & FILING SERVICES, INC

SUBJECT: YSA MANAGEMENT LLC
Ref. Number: W22000054497

RECEIVED
2022 APR 26 PM 2:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for YSA MANAGEMENT LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 122A00009651

RESUBMITTING
w/ CORRECTIONS
PLEASE RETAIN
ORIGINAL
SUBMISSION
DATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 APR 25 AM 8:54

ARTICLE I - Name:

The name of the Limited Liability Company is:

YSA MANAGEMENT LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7473 NW 101st AVE
DORAL, FL. 33178

Mailing Address:

1600 PONCE DE LEON BLVD STE 901
CORAL GABLES, FL. 33134

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:

WILMER JOSE MARTINEZ

Name

7473 NW 101st AVE

Florida street address (P.O. Box **NOT** acceptable)

DORAL

FL

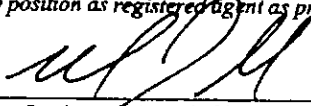
33178

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..



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

MGR

Name and Address:

WILMER JOSE MARTINEZ
7473 NW 101st AVE
DORAL, FL. 33178

2022 APR 25 AM 8:54

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/24/2022 (OPTIONAL)

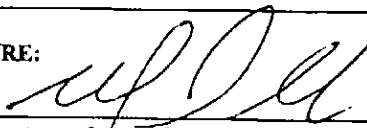
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ADMINISTRATION AND CONSULTING OF INTERNATIONAL BUSINESS AND FOREIGN OPERATIONS

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.

WILMER JOSE MARTINEZ

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)