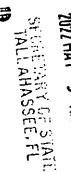
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(F	Requestor's Name)
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PICK-UP	WAIT MAIL
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## **CORPORATE**

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A	CCES
	INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	CERTIFIED COPY	————————————————————————————————————	
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	0176 CARTHAY L		
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#### **COVER LETTER**

	lew Filing Se Division of Co					
SUBJECT	10176 Car	thay LLC				
Name of Limited Liability Company						
The enclos	sed Articles of	Organization and fee(s) a	are submitte	for filing.		
Please rett	ırn all corresp	ondence concerning this n	natter to the	following:		
	Andrew Fis	her				
			Name o	Person		
	Fisher Law,	P.A.				
		<del></del>	Firm/Co	ompany	<del>, </del>	
	7651 Ashley	Park Court, Suite 405				
			Add	ress		
	Orlando, FL	. 32835				
	afisher@fishe		City/State ar	nd Zip Code		
		E-mail address: (to be use	d for future	annual report notificat	ion)	
For further i	nformation co	ncerning this matter, plea	se call:			
	Andrew Fish	cr 3	321	299-9409		
	Nan		Area Code	Daytime Telephon	e Number	
Enclosed i	s a check for t	he following amount:				
	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		g Address		Street Address		
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha	vision	
	P.O. B	ox 6327		2415 N. Monroe Street		
	Tallah	assee, FL 32314		Tallahassee, FL 3230		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

Ā	RI	rı.	$\mathbf{C}$	LE	l -	Na	me	

The name of the Limited Liability Company is:

): 42

			2022 HAT -9 AM 10: 41
(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:	SECRETARY OF GRANT		
(Must con	ntain the words "Limited	Liability Company,	"L.L.C" or "LLC." ALL AHASSEE. FL
ARTICLE II - Address:			<b>4</b> P
The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
	·		<del></del>
<del></del>			<del></del>
Beverly Hills, CA 9	20210	<u>Bev</u>	erly Hills, CA 90210
i ne name and the Florida stree	•		
		Name	
	Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
	Orlando	FL	32835
	City	State	Zip
lace designated in this certificat orther agree to comply with the p	e, I hereby accept the apport provisions of all statutes re obligations of my position	ointment as register elating to the proper as registered agent	ed agent and agree to act in this capacity. I rand complete performance of my duties, and I as provided for in Chapter 605, F.S

# ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

•	<b>y</b>	,,	
Titie:	Name and Address:		
"AMBR" = Authorized Member	Maine into Adoress;		
"MGR" = Manager			
_			
MGR	Yintai Investment Company LLC		
	345 N. Maple Drive, Suite 105		
	Beverly Hills, CA 90210	77	
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	<del></del>		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be signed the date of filing.)  Note: If the date inserted in this block does not	nectific and cannot be more than five busing meet the applicable statutory filing require	ness days prior to or 90 days af	
the document's effective date on the Department	t of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	puralif		
Signature of a m	ember or an authorized representative o	f a member	
This document is execu	ited in accordance with section 605.0203 (1	) (h) Florida Statutes	
am aware that any fais	e information submitted in a document to the	he Denartment of State	
constitutes a third degree	e felony as provided for in s.817.155, F.S.	permission of butte	

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)