

L22000378420
 Florida 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
 Phone : (855)498-5500
 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.
 DI LIDO BEACH COMMERCIAL PARENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2022 AUG 30 AM 10:16
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Di Lido Beach Commercial Parent 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:

Javier A. Granda
Name of Person

Lionstone Development
Firm/Company

4100 N.E. 2nd Avenue, Suite 202
Address

Miami, FL 33137
City/State and Zip Code

javier@lionstone.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cayla M. Ross at 305 854-0800
Name of Person 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

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Di Lido Beach Commercial Parent 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>4100 N.E. 2nd Avenue, Suite 202</u>	<u>4100 N.E. 2nd Avenue, Suite 202</u>
<u>Miami, FL 33137</u>	<u>Miami, FL 33137</u>

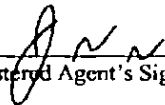
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

<u>Javier A. Granda</u>		
Name		
<u>4100 N.E. 2nd Avenue, Suite 202</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Miami</u>	<u>FL</u>	<u>33137</u>
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)

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

Javier A. Granda
4100 N.E. 2nd Avenue, Suite 202
Miami, FL 33137

MGR

Ron Ben-Josef
104 West 40th Street, 9th Floor
New York, New York 10018

MGR

Paul C. Kanavos
70 East 55th Street, 23rd Floor
New York, New York 10022

See additional page

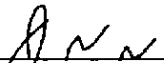
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

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.

Javier A. Granda

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)

DEPT OF STATE
CORPORATION DIVISION
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Title:

Name and Address:

MGR

Ronen Ben-Josef
104 West 40th Street, 9th Floor
New York, New York 10018

MGR

Dayssi Olarte de Kanavos
70 East 55th Street, 23rd Floor
New York, New York 10022

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ALICE B. STALL
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