

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 |
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| Page Count | 05 |
| Estimated Charge | \$155.00 |

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Corporate Filing Menu

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DI LIDO BEACH COMMERCIAL PARENT LLC

2022 AUG 30 AM 8:10

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DI LIDO BEACH COMMERCIAL PARENT LLC

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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

305

854-0800

at ()

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

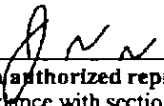
"MGR" = Manager

MGRJavier A. Granda
4100 N.E. 2nd Avenue, Suite 202
Miami, FL 33137MGRRon Ben-Josef
104 West 40th Street, 9th Floor
New York, New York 10018MGRPaul C. Kanavos
70 East 55th Street, 23rd Floor
New York, New York 10022See 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)

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CLERK OF STATE
JENNIFER L. ORR
TALLAHASSEE, FLORIDA

- ED

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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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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-30-2022 BY 60321