

L08000006301

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000039466 3)))



H080000394663ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BETH E. LINZNER, P.A.  
Account Number : I20030000140  
Phone : (561) 999-9300  
Fax Number : (561) 999-9400

2008 FEB 14 A 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED

08 FEB 14 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WASHINGTON STORE #5 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

A. LUNT <sup>Help</sup>

FEB 15 2008

EXAMINER 7

02/14/2008 11:48 5619999400

LLOYD GRANET PA

PAGE 02/02

02/12/2008 15:57 3054765984

SOSTCHIN AND PESSIN

PAGE 01

Fax Audit #: H080000394663

ARTICLES OF ORGANIZATION  
FOR  
WASHINGTON STORE #5 LLC

ARTICLE I - NAME

The name of the limited liability company is: WASHINGTON STORE #5 LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is  
3191 Coral Way, Suite 1008, Miami, Florida 33145.

ARTICLE III- REGISTERED AGENT

The name and the Florida street address of the registered agent is: Grace Vives, 3191 Coral Way,  
Suite 1008, Miami, Florida 33145.

*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 608, F. S.*

  
\_\_\_\_\_  
Grace Vives, Registered Agent

  
\_\_\_\_\_  
Beth E. Linzner, Authorized Agent

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Fax Audit #: H080000394663