Division & Corporations 1000530678

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 : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

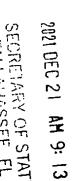
FLORIDA LIMITED LIABILITY CO. 1022 Plaza Holding LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARBICLES CIFORGANIZATION FOR FLORIDA EIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

1022 Plaza Holding LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
FICLE II - Address:	
mailing address and street address of the principal office of the Limited Liability Company is:	

Principal Office Address:

Mailing Address:

9601 Collins Ave #409	9601 Collins Ave #409
Bal Harbour, FL 33154	Bal Harbour, FL 33154

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:

	Name	· · · · · · · · · · · · · · · · · ·
5011 South State Ro	ad 7, Suite 106	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL	33314
CN	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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..

Mimi Sanik

Registered Agent's Signature (PEQUEED)

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"AMBR" = Authorized Member "MGR" = Manager MGR Albert Gad 9601 Collins Ave #409 Bal Harbour, FL 33154	
MGR Albert Gad 9601 Collins Ave #409	
Bal Harbour, FL 33154	
TICLEV: Effective date, if other than the date of filing:	•
·	
TICLEVI: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Releas Unahim	າ ຮ
REQUIRED SIGNATURE: Resolvation Relevation Replication Replication	121 OE
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:	າ ຮ

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)