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EXAMINER



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SECRETARY OF STATE
DIVISION OF COPPOPATION

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: 1695 NW 119th STREET 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:
Amancio Alonso
(Name of Person)
2955 Holding Company
(Firm/Company)
2955 East 11th Avenue
(Address)
Hialeah, FL 33013
(City/State and Zip Code)
For further information concerning this matter, please call:
William Putnam at (305) 691-7814
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\begin{align*} \begin{align*} \begi
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Comp	pany is:
1695 NW 119th STREET LLC	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability
Principal Office Address:	Mailing Address:

1.1110/741 011100 11441 0301	Transfer Transfer	
2955 East 11th Avenue	2955 East 11th Avenue	
Hialeah, FL 33013	Hialeah, FL 33013	·

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:

CorpDirect Agents, Inc.
Name

515 East Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 3230 L

City, State, and Zip

SECRETARY DITCHASE DIVISION OF CORPU-ATIONS

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Company is:

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..

Ricky Soto, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address:

"MGRM" = Managing Member	
MGR	Amancio Alonso
	2955 East 11th Avenue
	Hialeah, FL 33013
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*	
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Effective date, if other the	an the date of filing: (OPTIC
ffective date is listed, the date m	nust be specific and cannot be more than five business
days after the date of filing.)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Amancio Alonso

Typed or printed name of signee

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)