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(Requestor's Name)
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SECRETARY OF STATE
ALLAHASSEF ESTATE

COVER LETTER

	tion Section of Corporations						
_{SUBJECT:} 15	15 Congress, LLC						
	Name of Limite	d Liability Co	mpany				
The enclosed Arti	cles of Organization and fee(s) are s	ubmitted for fi	iling.				
Please return all c	orrespondence concerning this matt	er to the follow	ving:				
<u>Lisa J</u>	ackson						
		Name of Person	l				
Mack	Industrial, Inc.						
		Firm/Company					
1499	SW 30th Ave., Suite 1	6			, Sec.	2	
***************************************		Address)121	
Boynto	n Beach, FL. 33426				AHAS	2012 FEB 27	
. •		/State and Zip C	Code		(T) -<	7	1
lmjacks	on@mackindustrial.com				TO :	10 12	Ţ
For further inform	E-mail address: (to be used for action concerning this matter, please		report notification)			*	(,,,
Lisa Jackson		at (561	738-7576				
	Name of Person	Area C	Code & Daytime Te	lephone Number			
Enclosed is a ch	eck for the following amount:						
]\$125.00 Filing Fe	se \$130.00 Filing Fee & Certificate of Status	Certified	filing Fee & Copy (copy is enclosed)	\$160.00 Fill Certificate Certified Conditional conditi	of Status & opy		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation in Building Executive Center massee, FL 32301	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:	
1515 Congress, LLC		7,7
(Must end with the words "Limited	I Liability Company, "L.L.C.," or "LLC	2012 FEB
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Lin	37 D N F
Principal Office Address:	Mailing Address:	-1 1
1499 SW 30th Ave., Suite 16 Boynton Beach, FL. 33426		OR AT
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	n Registered Agent. You must designate	
The name and the Florida street address of	the registered agent are:	
Lisa Jackson	<u></u>	_
	Name	
1499 SW 30th	Nave., Suite 16	
Florida stre	eet address (P.O. Box NOT accepta	able)
Boynton Beach,	_{FL} 33426	
Ci	ity, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	
MGR	2012 FI SECR TALLA
MGR	FEB 27 PM
	CORNER ST
date of filing: specific and cannot be more the	(OPTIONA an five business day
	MGR

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. 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.)

Lisa Jackson

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)