

L010000000809

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)922-4003

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

AL

01 JAN 17 PM 5:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## LIMITED LIABILITY COMPANY

ALTON FOOD PLAZA LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY C.

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ALTON FOOD PLAZA LLC.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1140 8th STREET # 3  
MIAMI BEACH FL 33139

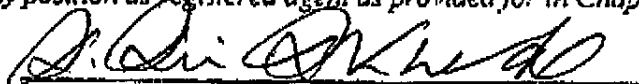
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ABDUL ALIM AKHANDO  
Name  
1140 8TH STREET # 3  
Florida street address (P.O. Box NOT acceptable)  
MIAMI BEACH FL 33139  
City, State, and Zip

01 JAN 17 PM 5:00  
SECTION OF STATE  
DIVISION OF CORPORATIONS

*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

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
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.)

MUHAMMAD CHOWDHURY MANAGER  
Typed or printed name of signee