

**L01000013146**

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**FILED**

August 1, 2001

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**-08/06/01--01101--018**

**\*\*\*\*125.00 \*\*\*\*125.00**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: "Southridge, Plaza, LLC"

Gentlemen:

Enclosed herewith are original plus 2 copies of articles of organization for the above referenced LLC. Also enclosed is our check number 3892, in the amount of \$125.00.

Please contact me should you have any questions or need any additional information.

Very truly yours,

*Dottie*

Dottie Brewer

Enclosure

**FILED**  
**01 AUG -6 PM 12:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**3121 West Coast Highway, Penthouse 8-C Newport Beach, CA 92663**

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHRIDGE PLAZA, LLC

## ARTICLE II - Address:

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

7597 La Corniche Circle, Boca Raton, FL 33433

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

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

Kleopas Kleopa

Name

7597 La Corniche Circle

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

Boca Raton FL 33433

City, 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.*

X   
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)

X   
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.)

KLEOPAS KLEOPA  
Typed or printed name of signer

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG - 6 PM 12:42

FILED