

# L02000001903

OFFICE USE ONLY(DOCUMENT #)

## LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNICENTER SHOPPING, L.L.C.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ 400004798074--9  
(Corporation Name) (Document #) 01/25/02--01041--023  
\*\*\*\*155.00 \*\*\*\*155.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00  
☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

15-02

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**OF**

**UNICENTER SHOPPING, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**UNICENTER SHOPPING, LLC**

**ARTICLE II - Address**

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

**18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160**

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be:

**PERPETUAL**

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

**Hernan J. Gleizer  
Sadia D. Chocron**

**18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 25 AM 11:22

APPROVED  
AND  
FILED

The undersigned member or authorized representative of a member of UNICENTER SHOPPING,  
LLC deposes and says:

- 1) the above named limited liability company has at least one member.

By: 

**HERNAN J. GLEIZER**

Signature of a member or authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

APPROVED  
AND  
FILED

02 JAN 25 AM 11:22

CLERK OF STATE  
TALLAHASSEE, FLORIDA

# **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **UNICENTER SHOPPING, LLC.**
2. The name and address of the registered agent and office is:

**HERNAN J. GLEIZER**  
18206 COLLINS AVENUE  
SUNNY ISLES, FL 33160

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.

  
HERNAN J. GLEIZER (Signature)

✓ 01/16/02  
Date


STATE OF FLORIDA }

ss

COUNTY OF }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared **HERNAN J. GLEIZER**, of **UNICENTER SHOPPING, LLC**, who is personally known to me or who did furnish identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 16 day of January, 2001.

 Justina Valdes  
My Commission CC750764  
Expires June 14, 2002

  
NOTARY PUBLIC

JUSTINA VALDES  
Printed Name of Notary

(Seal)

articles IIc.

02 JAN 25 AM 11:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED