

L050000 17810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

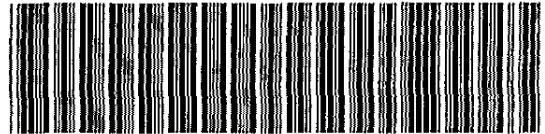
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

BSK

Office Use Only



200046624722

RECEIVED
05 FEB 22 PM 2:35
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
05 FEB 22 AM 7:46
DEPT. OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 218153 7136638

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
05 FEB 22 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 22, 2005

ORDER TIME : 1:22 PM

ORDER NO. : 218153-005

CUSTOMER NO: 7136638

CUSTOMER: Mark C. Katzeff, Esq
Mark C. Katzeff, P.a.

Suite 300
18305 Biscayne Boulevard
Aventura, FL 33160

DOMESTIC FILING

NAME: CLUB SHOPPING PLAZA, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Club Shopping Plaza, LLC

ARTICLE II - Address:

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

Principal Office Address:

29 Wadsworth Ave.

Ste. 1-D

New York, NY 10033

Mailing Address:

P.O. Box 656599

Fresh Meadows, NY 11365-6599

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

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

Mark C. Katzev

Name

3801 N.E. 207th St., #207

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

Aventura, FL 33180

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.



Registered Agent's Signature

(CONTINUED)

FILED
05 FEB 22 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Roey Yaloz


P.O. Box 656599

Fresh Meadows, NY 11365-6599

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Roey Yaloz

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)