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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

mendoza plaza, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF FLORIDA  
LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

MENDOZA PLAZA, L.L.C.

**ARTICLE II — Address:**

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

1333 Hallandale Beach Blvd., #101  
Hallandale Beach, FL 33009

**ARTICLE III — Duration:**

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

Perpetual

**ARTICLE IV — Management:**

(Check the appropriate box and complete the statement)

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Teddy Silva  
1333 Hallandale Beach Blvd., #101  
Hallandale Beach, FL 33009

**ARTICLE V — Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

reserved for the owner/manager to determine.

**ARTICLE VI — Members' Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business

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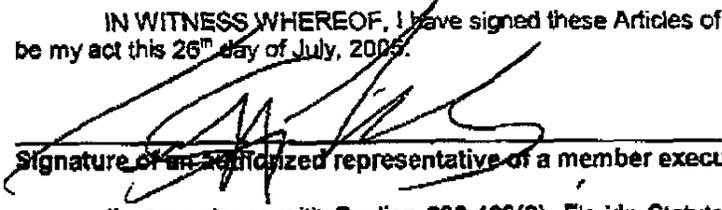
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TALLAHASSEE, FLORIDA

on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

reserved for the remaining member(s) of this LLC to determine by unanimous consent.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 26<sup>th</sup> day of July, 2005.



Signature of an authorized representative of a member executing the Articles of Organization.

(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.)

Jeffrey Feinberg  
Typed or printed name of signee

Prepared By:  
Jeffrey Feinberg, Esquire  
FAN# 275700  
4000 Hollywood Blvd., Suite 350-N  
Hollywood, FL 33021  
(954) 962-8889

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Form 4-17  
Registered Agent/Registered Office

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO  
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

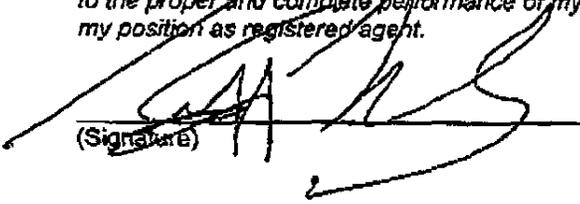
1. The name of the Limited Liability Company is:

MENDOZA PLAZA, L.L.C.

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

Jeffrey Feinberg  
4000 Hollywood Boulevard, Suite 350-N  
Hollywood, FL 33021

*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.*

  
(Signature)

F:\WP\CORPORAT\mendoza plaza.llc.wpd

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