

Division of Corporations

Page 1 of 1

LD9000101097

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000224571 3)))



H090002245713ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : JOHNSON & WALTERS P.A.  
Account Number : 073737003060  
Phone : (954) 755-9880  
Fax Number : (954) 755-9899FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT 20 AM 8:48

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

1619 S.W. 25th STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

09 OCT 20 AM 6:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

OCT 21 2009

EXAMINER

H09000224571 3

**ARTICLES OF ORGANIZATION  
FOR  
1619 S.W. 25th STREET, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. Name.**

The name of the Limited Liability Company is **1619 S.W. 25th STREET, LLC.**

**ARTICLE II. Address.**

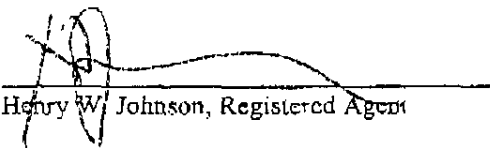
The mailing address and street address of the principal office of the Limited Liability Company is  
2900 North Dixie Highway, Suite 103, Fort Lauderdale, FL 33334.

**ARTICLE III. Registered Agent**

The name and address of the registered agent is:

Henry W. Johnson  
Johnson & Walters P.A.  
1401 University Drive, Suite 301  
Coral Springs, Florida 33071

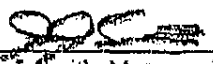
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
Henry W. Johnson, Registered Agent

**ARTICLE IV. Management.**

The name and address of the Managing Member is:

<u>Title</u>	<u>Name</u>	<u>Address</u>
MGRM	John J. Smith	2900 North Dixie Highway, Suite 103, Fort Lauderdale, FL 33334

  
John J. Smith, Mgrm. and Incorporator  
(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.)

H09000224571 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT 20 AM 8:48