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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. KOHR
DEC 1 3 2010

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 13, 2010

ORDER TIME : 12:25 PM

ORDER NO. : 607263-005

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME: MAIN 19, LLC

EFFECTIVE DATE:

	ARTICLES	OF	INC	CORPORATI	CON
	CERTIFICA	${ m TE}$	OF	LIMITED	PARTNERSHIP
XX	ARTICLES	OF	ORC	GANIZATIO	NO

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑ

ARTICLE I - Name:

The name of the Limited Liability Company is:

Main 19, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	<u> Mailing Address:</u>
8441 Cooper Creek Blvd	8441 Cooper Creek Blvd
University Park, FL 34201	University Park, FL 34201

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David H. Baldauf	
	Name
8441 Cooper Creek Blvd	a righting or a state of the first of the state of the st
Florida str	ect address (P.O. Box NOT acceptable)
University Park.	_{[7]2} 34201
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.

By: Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Mar 'MGRM" = M	nager Ianaging Member	Name and Address:	
MGR	orana marana yanan	David H. Baldauf 8441 Cooper Creek Blvd University Park, Florida 34201	
	navaulina gara		
		W. C. V. N. W. W. W. C.	
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LE V: Effective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with second	er or an authorized representative of a member.	usiness da
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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