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C. LEWIS SEP 18 2012 **EXAMINER** 

## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations	mit of the second secon
SUBJECT: 19th Street Plaza, LLC	
	d Liability Company
m	1 - by 1 C - CV
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Peter Hanna, Esq.	
	Name of Person
Law Offices of Peter N. Ha	nna
	Firm/Company
500 S.E. 12th Street	
	Address
Ft. Lauderdale, FL 33316	
· · · · · · · · · · · · · · · · · · ·	/State and Zip Code
hanna@peterhannalaw.com	
	or future annual report notification)
For further information concerning this matter, please	call:
Peter Hanna	at ( 954 ) 525-7612
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Cor	npany is:	
19th Street Plaza, LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1504 N.W. 19th Street	500 S.E. 12th Street	
Ft. Lauderdale, FL 33311	Ft. Lauderdale, FL 33316	
ADDICE DE LA CONTRACTOR	1. 1000 0.5 1. 1. 1. (1. (1. (1. (1. (1. (1. (1. (1	
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another ) ss of the registered agent are:	
The name and the Florida street address	es of the registered agent are:	

Florida street address of the registered agent are:

Jarallah Hindi

Name

1504 N.W. 19th Street

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

Ft. Lauderdale

<sub>FL</sub> 33311

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..

(CONTINUED)

Page 1 of 2

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

17

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

2012 SEP 17 AM 11: 24

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Jarallah Hindi
	1504 N.W. 19th Street
	Ft. Lauderdale, FL 33311
· <u></u>	
<del></del>	
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than effective date is listed, the date mu-	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
00 days after the date of filing.)	st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	,
Signature of a me	mber or an authorized representative of a member.
constitutes an affirmation u I am aware that any false in	608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
Jarallah Hir	ndi

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)

Typed or printed name of signee