

L14000009503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

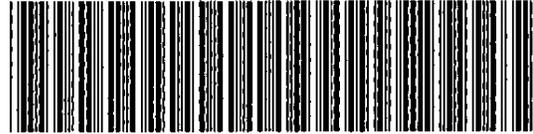
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255662198

01/16/14--01002--026 **155.00

RECEIVED
TALLAHASSEE
2014 JAN 16 PM 1:32
TO: SECRETARY OF STATE
SOUTH BEND OFFICE OF FILING

FILED
14 JAN 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Susan JAN 17 2014

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 01/16/14

REF. #: 9023221

CORP. NAME: CENTRAL PLAZA SDC, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70013410 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

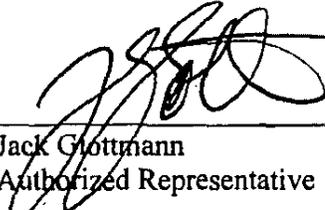
- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
CENTRAL PLAZA SDC, LLC

1. The name of the limited liability company is CENTRAL PLAZA SDC, LLC.
2. The mailing address and the street address of the principal office of the limited liability company are c/o Saglo Development Corporation, 777 Brickell Avenue, Suite 708, Miami, Florida 33131.
3. The name and street address of the initial registered agent of the limited liability company is Jack Glottmann, c/o Saglo Development Corporation, 777 Brickell Avenue, Suite 708, Miami, Florida 33131.

Dated: January 15, 2014



Jack Glottmann
Authorized Representative

FILED
14 JAN 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) he accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) he is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: January 15, 2014



Jack Glotmann
Registered Agent

14 JAN 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED