

**Florida Department of State
Division of Corporations
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To: Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
PLAZA 602 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I
Name

The name of the Limited Liability Company is:

PLAZA 602 LLC

ARTICLE II
Address

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

Principal Office Address:

3106 Benjamin Road
Oceanside, NY 11572

Mailing Address:

3106 Benjamin Road
Oceanside, NY 11572

ARTICLE III
Registered Agent, Registered Office & Registered Agent's Signature

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

Ira R. Shapiro
16375 NE 18th Avenue, Suite 225
North Miami Beach, FL 33162

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 605, F.S.



Ira R. Shapiro, Registered Agent

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ARTICLE IV
Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

ARTICLE V
Persons Authorized to Manage and Control

The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR _____

Benjamin Grossman _____
3106 Benjamin Road _____
Oceanside, NY 11572 _____

MGR _____

Cecilia Grossman _____
3106 Benjamin Road _____
Oceanside, NY 11572 _____



Benjamin Grossman, MGR

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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