

08/17/2015 10:20 Beloff Parker Jacobs

(FAX)305 673 5505

P.001/004

Division of Corporations

Florida Department of State
Division of Corporations
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.

((H15000198000 3)))



H150001980003ABCV

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

RECEIVED
15 AUG 17 PM 12:51

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BELOFF, PARKER, JACOBS, PLC.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

FILED
15 AUG 17 AM 7:37

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SHERRY@BELOFFLAW.COM

FLORIDA LIMITED LIABILITY CO.
425 NW 19th Street, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

AUG 18 2015

S. GILBERT

(((H15000198000 3)))

COVER LETTER

**TO: REGISTRATION SECTION
DIVISION OF CORPORATION**

SUBJECT: NEW FILING

The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan D. Beloff, Esq.
1691 Michigan Avenue
Suite 360
Miami Beach, Florida 33139
Telephone: 305-673-1101

Email Address: ldb@belofflaw.com

\$160.00 Filing Fee
Certificate Status & Certified Copy

FILED
15 AUG 17 AM 7:37
SECTION 15000198000 3

(((H15000198000 3)))

(((H15000198000 3)))

**ARTICLES OF ORGANIZATION
FOR**

**425 NW 19th Street, LLC,
a Florida limited liability company**

FILED
15 AUG 17 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: 425 NW 19th Street, LLC.

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is: c/o Umberto Cipolla, 420 Lincoln Road, Suite 285, Miami Beach, Florida 33139

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Umberto Cipolla, 420 Lincoln Road, Suite 285, Miami Beach, Florida 33139

Having been named as registered agent and to accept service of process for the above state 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.


UMBERTO CIPOLLA, Registered Agent

(((H15000198000 3)))

(((H15000198000 3)))

ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

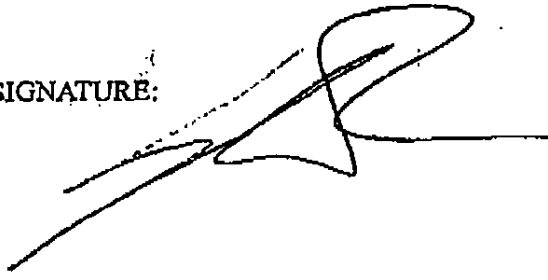
Sole Member/Authorized Member

Umberto Cipolla,
420 Lincoln Road,
Suite 285
Miami Beach, Florida 33139

ARTICLE -V - Effective Date, if other than the date of filing: _____ (Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



UMBERTO CIPOLLA, Authorized Member

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155,F.S.)

(((H15000198000 3)))