

2/10/2016

From A.A. ALI, CPA

7:53:20 PM

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# L1600002584

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
GRACE PLAZA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GRACE PLAZA, LLC**

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

**ARTICLE II - Address:**

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

**9953 211TH STREET  
QUEENS VILLAGE, NY 11429**

**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:

**SEEROJNIE DABIE  
318 N WEKIWA SPRINGS RD.  
APOPKA, FL 32703**

*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.*

x *Seerajnie Dabie*  
**SEEROJNIE DABIE / Registered Agent's Signature**

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

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

"MGR" = Manager

"MGRM" = Managing Member

**SEEROJNIE DABIE - MGRM**  
**9953 211TH STREET**  
**QUEENS VILLAGE, NY 11429**

**ARTICLE V: Effective date, if other than the date of filing: 2/10/16**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

x Seerajnie Dabie

Signature of a member or an authorized representative of a member.

(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.)

**SEEROJNIE DABIE**

\_\_\_\_\_  
Typed or printed name of signee

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