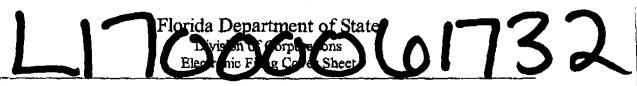
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA

Account Number: 076424000767 : (305)442-3334 Phone : (305) 443-3292 Fax Kumber

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

Email Address:

15&Pennsylvania LLC

FLORIDA LIMITED LIABILITY CO.

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K. Brumbley

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COVER LETTER

TO: Registration Department Division of Corporations

SUBJECT: 15&Pennsylvanja LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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ARTICLE I - NAME:

The name of the Limited Liability Company is: 15&Pennsylvania LLC

ARTICLE II - ADDRESS:

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

Principal Office Address:

The Fred F. French Building 551 Fifth Avenue, Suite 1620 New York, New York 10176 Malling Address:

P.O. Box 430854 South Miami, FL 33243-0854

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

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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

ditte.

Oscar R. Rivera, Registered Agent Florida Bar No.:329193

ARTICLE IV -- MANAGER/DIRECTORS

Title: Name and Address

MGR FRANCISCO AUGSPACH

551 Fifth Avenue, Suite 1620 New York, New York 10176

MGR VICKY ORTIZ

6542 S.W. 76th Terrace South Miami, Florida 33143

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REQUIRED SIGNATURE:
Signature of a member or 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.)
OSCAR R. RIVERA
Type or printed name of signee
\cdot

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