Division of Corporations

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# Florida Department of State

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.**

**15&Pennsylvania LLC**

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TALLAHASSEE, FLORIDA

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MAR 21 2017

K. Brumbley

# 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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17 MAR 20 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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

**Mailing 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 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.*

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

**ARTICLE IV – MANAGER/DIRECTORS**

| Title: | Name and Address |
|---|---|
| MGR | FRANCISCO AUGSPACH<br>551 Fifth Avenue, Suite 1620<br>New York, New York 10176 |
| MGR | VICKY ORTIZ<br>6542 S.W. 76th Terrace<br>South Miami, Florida 33143 |

**REQUIRED SIGNATURE:**

Oscar R Rivera

**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