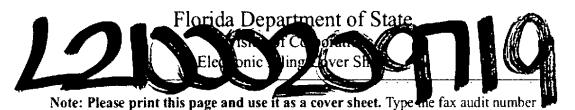
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

(((H21000190587 3)))



H210001905873ABC0

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number: 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: CSR@TRAZAINS.COM

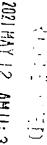
FLORIDA LIMITED LIABILITY CO. 2462 JOHNSON ST LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help





H21000190587

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: 2462 JOHNSON ST LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Malling Address:

101 NORTH FEDERAL HIGHWAY
HALLANDALE, FL 33009
HALLANDALE, FL 33009

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

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

another business entity with an active Florida registration.)

LILY COHEN	
Name	
101 NORTH FEDERAL	HIGHWAY
Florida street address (P.O. Box	(NOT acceptable)
HALLANDALE	FL 33009
City	Zip

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..

Lily Cohen
Registered Agent's Signature (REQUIRED)

LILY COHEN

(CONTINUED)

Page 1 of 2

→ 18506176381

pg 4 of 4

H21000190587

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	LILY COHEN
	2462 JOHNSON ST
	HOLLYWOOD, FL 33020
	
E V: Effective date, if other than the ective date is listed, the date must l	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must lof filling.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
ective date is listed, the date must lof filing.) E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 Lily Cohan
E V: Effective date, if other than the ective date is listed, the date must lof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sec constitutes an affirmat I am aware that any fa	Lily Cohan a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must lift filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	Lily Cohan a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State

Page 2 of 2