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(((H22000091103 3)))



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Tc:

Division of Corporations

Fax Number : (850)617-6381

Frem:

Account Name : FILE RIGHT LLC Account Number : 120170000091 Phone : (718)878-5611 Fax Number : (718)732-4580

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. 4200 NE 19TH AVE LLC

Certificate of Status 0

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Page Count 03

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From: Mark Fuchs

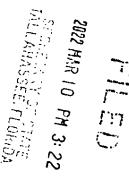
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### **COVER LETTER**

CUDICAT.	4200 NE 19TH AVE LLC			
SUBJECT:		Limited Liabili	ty Company	
The enclose	d Articles of Organization and fee(s)	are submitted	for filing.	
Please retur	n all correspondence concerning this	matter to the fo	ollowing:	
•		Name of	Person	
	FILE RIGHT LLC			
		Firm/Cor	npany	
	5314 16TH AVENUE SUITE 139			
		Addre	:\$5	
	BROOKLYN, NY 11204			
s	ales@fileacorp.com	City/State and	I Zip Code	
_	E-mail address; (to be us	sed for future a	nnual report notification	ou)
For further in	formation concerning this matter, ple	tase call:		
	Sara	718	878-5811	
-	Name of Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for the following amount:			
<b>]\$</b> 125,00 Fil	ing Fee S130.00 Filing Fee & Certificate of Status	— — Certific	0 Fiting Fee & cd Copy d Copy is enclosed)	\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	MailingAddress		StreetAddress	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### 4200 NE 19TH AVE LLC

(Must contain 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:

<u>Principal Office Address</u> :	<u>Mailing Address</u> :
1270 \$ 13TH AVENUE	1270 S 13TH AVENUE
HOLLYWOOD, FLORIDA 33019	HOLLYWOOD, FLORIDA 33019
	· · · · · · · · · · · · · · · · · · ·

## 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:

YOSEF GERSHOW	ITZ	
	Name	
1270 S 13TH AVEN	UE _	
Florida street address	s (P.O. Box <u>NOT</u> ac	rceptable)
HOLLYWOOD	۴L	33019
City	State	7.ip

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. Thereby 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..

/ s / Yosef Gershowitz		
Registered Agent's Signature (REQUIRED)		

(CONTINUED)



From: Mark Fuchs

Fax Reference: H22000091103 3

Title:		Name and Address:
	horized Member	
"MGR" = Mana MEMBER		YOSEF GERSHOWITZ
		1270 S 13TH AVENUE
		HOLLYWOOD, FLORIDA 33019
(Use attachment		filing: (OPTIONAL)
CLE V: Effective of effective date is liste of filing.) If the date inserted	date, if other than the date of ted, the date must be specif	filing:
CLE V: Effective of effective date is list te of filing.) If the date inserted cument's effective CLEVI: Other pro	date, if other than the date of ted, the date must be specifed in this block does not meed date on the Department of Statistics, if any.	t the applicable statutory filing requirements, this date will not be lis
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CLE V: Effective of effective date is liste of filing.) If the date inserted cument's effective CLEVI: Other pro	date, if other than the date of ted, the date must be specifed in this block does not meet date on the Department of Systems, if any.  HGNATURE:  /s/ Signature of a membal This document is executed I am aware that any false in constitutes a third degree fe	t the applicable statutory filing requirements, this date will not be lis State's records  YOSEF GERSHOWITZ  Determine an authorized representative of a member. In accordance with section 605,0203 (1) (b), Florida Statutes.  Formation submitted in a document to the Department of State

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

