## L2000028401

(Red	questor's Name)		
(Add	iress)	<del>.</del>	
———(Add	dress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700339409777

01/21/30--01033--013 \*\*160.00



## COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	CT: EDGEWATER 2404 LLC		
	Nan	ne of Limited Liability Company	
The end	losed Articles of Organization and	fee(s) are submitted for filing.	
Please	return all correspondence concernin	g this matter to the following:	
	JOSHUA D. BASH		
To the second of		Name of Person	
	LAW OFFICE		
		Firm/Company	
	20801 BISCAYNE BLVD., ST		
		Address	
	AVENTURA, FL 33180	,	
	joshbash@bellsouth.net	City/State and Zip Code	
594 X		be used for future annual report notifical	· · · · · · · · · · · · · · · · · · ·
For furth	er information concerning this matter	Proplement	
	JOSHUA D. BASH	or, prease can:	
		305 682-0400 at ()	
Allen Agged ag Till agged agged agged Till agged	Name of Person	Area Code Daytime Telepho	ne Number
Enclose	ed is a check for the following amou	unt:	
<b>E</b> \$125	.00 Filing Fee	Ig Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	XIS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section 1	V

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

New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EDGEWATER 2404 LLC	
(Must conatin the words "Limited Liab	ility Company "L. L. C. " or "L. L. C. ")
(was consint the words - Emitted Elab	uny company, E.E.C., or EEC. )
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o JOSHUA D. BASH	c/o JOSHUA D. BASH
20801 Biscavne Blvd., Ste 506	20801 Biscayne Blvd., Ste 506
Aventura, FL. 33180	Aventura, FL. 33180
TOTAL TIME IN THE STATE OF THE	
ARTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)  The name and the Florida street address of the registered age	istered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reg mother business entity with an active Florida registration.)	istered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)  The name and the Florida street address of the registered age  JOSHUA D. BASH	istered Agent. You must designate an individual o
The Limited Liability Company cannot serve as its own Reginother business entity with an active Florida registration.)  The name and the Florida street address of the registered age  JOSHUA D. BASH	istered Agent. You must designate an individual on the are:

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.

State

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

3-1	ARICLEIV	
, -4.	and address of each person	authorized to manage and control the Limited Liability Company:
2000	Intle	Company:
	"AMBR" = Authorized Member	Name and Address:
Σ.	MGR = Manager	•
7		
<u> </u>	MGR MARGARET KRUK	CO JOSHUA D. BASH
		20801 Biscavne Blvd Sie 506
2.75		Aventura, FL. 33180
.7.	Acon de la companya d	
	MGR SANDRO GALE	CO JOSHUA D. BASH
- ,		20801 Biscavne Rlvd. Sta 504
		Aventura, FL. 33180
4		
v.	Fig. 1	
3 7		
` . T.		
٠,٠٠		
,		
: 1.		,
, I		
#	(Use attachment if necessary)	
44		
	ARTICLE V: Effective date, if other than the da	te of filing:
żę	he date of Silvers and the date must be s	pecific and cannot be impossible 5. (OPTIONAL)
	Note: If the date incomed in a	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after
``` <u>`</u>	the document's effection do not	meet the applicable statutory filing requirements, this date will not be listed as it of State's records.
	the document's effective date on the Departmen	it of State's records.
, 6	RTICLE VI: Other provisions, if any.	
	NONE	<b>,</b>
•		
÷ -/ -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<b>,</b>		
•	REQUIRED SIGNATURE:	
;		
. :	-	<del></del>
<u>.</u> 1	Signature of a n	member or an authorized representative of a member.
T 01	and agree that are an all and are an area and a second an	uted in accordance with section 605.0203 (1) (b), Florida Statutes.
٠.	Constitutes a third decre	se information submitted in a document to the Department of State
•	and deg	ee felony as provided for in s.817.155, F.S.
- 48	MARGARET K	
		Typed or printed name of signed
		22 - 2. Printed traitie of Signed
- ·	\$125.00 Paring P	Filing Fees:
	\$ 30.00 Certified Committees of O	
٠.,	\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	a magazited Whellt
بر د	Optio	nal)
٠,٠		

ARTICLE IV.