

L220000445135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

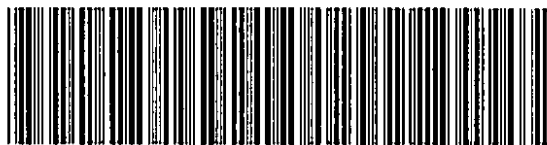
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# DERGAN ERMER LAW, P.A.

ATTORNEYS & COUNSELORS AT LAW

P.O. Box 746274  
Surfside, Florida 33154

Telephone: 305-213-4124  
[LDErmer@gmail.com](mailto:LDErmer@gmail.com)

September 30, 2022

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

RE: 33 new LLC filings

Dear Sir or Madam,

Enclosed please find the Articles for the filing of thirty-three (33) new LLCs and a corresponding check from our legal office in the amount of \$4,125 representing the filing fee of \$125.00 per filing. I appreciate your attention and assistance with these filings. Should you have any questions or concern, please contact me through via email at [LDERMER@gmail.com](mailto:LDERMER@gmail.com) or phone at (305) 213-4124.

Thank you.

/s/ Lourdes D. Ermer

By: Lourdes Dergan Ermer, Esq. FBN 826601  
Dergan Ermer Law, PA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations  
13986 NE 2 CT, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

LOURDES D. ERMER

\_\_\_\_\_  
Name of Person

DERGAN ERMER LAW, PA

\_\_\_\_\_  
Firm/Company

7900 HARBOR ISLAND DRIVE, NO. 713A

\_\_\_\_\_  
Address

NORTH BAY VILLAGE, FL 33141

\_\_\_\_\_  
City/State and Zip Code

LDERMER@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lourdes Ermer                      305                      213-4124  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

13986 NE 2 CT, 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:

Principal Office Address:

Mailing Address:

3535 South Ocean Drive, Suite 2305  
Hollywood, FL 33019

3535 South Ocean Drive, Suite 2305  
Hollywood, FL 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:

ERIC R. GUILLEN

Name

3535 South Ocean Drive, Suite 2305

Florida street address (P.O. Box **NOT** acceptable)

Hollywood, FL 33019

City

State

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

ERIC R. GULLEN

3535 South Ocean Drive, Suite 2305  
Hollywood, FL 33019

AMBR

SYLVIA E. GULLEN

3535 South Ocean Drive, Suite 2305  
Hollywood, FL 33019

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

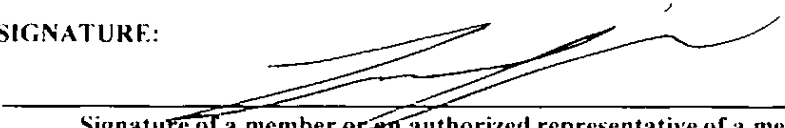
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Eric R. Guillen

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

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