

**L 23000369438**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

RECEIVED  
2023 JUL 31 PM 2:44  
CORPORATION IS  
OFFICIAL  
FILESFLORIDA LIMITED LIABILITY CO.  
308 NW 75 ST APTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED  
2023 JUL 31 PM 5:10  
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SOLICITORS  
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TALLAHASSEE, FLORIDA[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 308 NW 75 ST APTS, 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:

Harrison M. Neuman

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

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

11955 SW 142 Terrace

\_\_\_\_\_  
Address

Miami, FL 33186

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

harrisonmneuman@gmail.com

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

For further information concerning this matter, please call:

Harrison Neuman	786	368-1000
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

308 NW 75 ST APTS, 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:11955 SW 142 Terrace  
Miami, FL 3318611955 SW 142 Terrace  
Miami, FL 33186**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:

Capitol Corporate Services, Inc.

Name

515 E. Park Ave., Second FloorFlorida street address (P.O. Box NOT acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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.

Kim TadlockKim Tadlock, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**AMBR/MGRHarrison M. Neuman  
11955 SW 142 Terrace  
Miami, FL 33186

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(Use attachment if necessary)

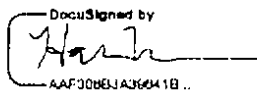
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

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**REQUIRED SIGNATURE:**DocuSigned by  
Harrison M. Neuman  
AAFC0B61A36041B ..**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.Harrison M. Neuman

Typed or printed name of signee

**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)

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