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## Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000296063 3)))



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 : 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:	 

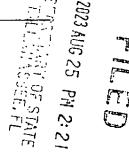
## FLORIDA LIMITED LIABILITY CO. 17TH STREET LENDER, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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H23000296063 3

## COVER LETTER

	New Filing Sec Division of Co						
SUBJEC.		t Lender, LLC					
	· · · · · · · · · · · · · · · · · · ·	Name of Li	mited Liabi	lity Company			
The enclo	sed Articles of	Organization and fee(s) a	re submitte	f for filing.			
Please ret	um all corresp	ondence concerning this n	uatter to the	following:			
	Joshua Robi	ins					
			Name o	Person			
	Scott Robin	s Companies					
			Firm/Co	ompany			
	230 5th St						
			Add	ress			
	Miami Beac	th, FL 33139					
	ioshua@robii	nscompanies.com	City/State ar	nd Zip Code			
	<u> </u>	E-mail address: (to be use	d for future	annual report notificat	ion)		
For further	information co	ncerning this matter, pleas	se call:				
	Joshua Robin	as at (	305	915-3474 )			
	Nam		Area Code	Daytime Telephon	e Number		
Enclosed i	is a check for t	he following amount:				/ N	
⊒\$125.00	0 Filing Fee	□\$130.00 Filing Fee δ Certificate of Status	Certif	5.00 Filing Fee & led Copy all copy is enclosed)	E\$160.00 Filing rFee, Certificate of Status & Certified Copy (additional copy is criclo	S(ps	
	New F Division P.O. B	ng Address iling Section on of Corporations lox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallahe 2415 N. Monroe Stree Tallahassee, FL 3230	tssee — — — — — — — — — — — — — — — — — —	Pii 2:21	

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ARTICLES	OF ORGANIZATION FOR F	FLORIDA LIMITED	LIABILITY COMPANY	H23000296063 3
ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
17th Street Lender,	LLC tain the words "Limited L	inhility Cormany	" I C "or "I C"	<del></del>
ARTICLE II - Address: The mailing address and street				
<u>Princi</u>	pal Office Address:		Malling Address	:
230 5th St Miami Beach, FL 3	3139		5th St mi Beach, FL 33139	
ARTICLE III - Registered Ap (The Limited Liability Compar another business entity with an	ny cannot serve as its own active Florida registration	Registered Agent. 'n.)		dual or
The name and the Florida stree	t address of the registered	agent are:		
	SRC PROPERTIES,			
		Name		
	230 FIFTH STREET Florida street address	(P.O. Box NOT a	ccentable)	
	MIAMI BEACH City	FL State	33139 Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the c	e, I hereby accept the appo provisions of all statutes re- abligations of my position g	nintment as registers lating to the proper is registered agent of the Kobius	ed agent and agree to act in the and complete performance of	his capacity. I f my duties, and I
		red Agent's Signat	OFOLUBED)	
	Kegiste	red Agent's Signat	uic (KEQUIKED)	IT ILL D 2023 AUG 25 PM 2: SEGRETARY OF ST

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ARTICLE IV-

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H23000296063 3

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(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	an the date of filing:	= Manager	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	In the date of filing:		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	In the date of filing:		
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