

LO5 000038931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

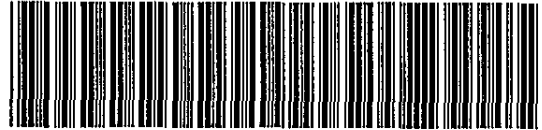
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO5-38931  
87

# Deborah Marks, P.A.

999 Brickell Bay Drive  
Suite 1809  
Miami, FL 33131  
(305) 372-9400  
Fax: (305) 716-9154

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Subject: Lamda Tax 19, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Deborah Marks, Esq.  
Deborah Marks, P.A.  
999 Brickell Bay Drive  
Suite 1809  
Miami, FL 33131

For further information concerning this matter, please call:

Deborah Marks at (305) 372-9400.

Enclosed is a check in the following amount:

<input checked="" type="checkbox"/> \$125 Filing Fee	<input type="checkbox"/> \$130 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155 Filing Fee & Certified Copy (copy enclosed)	<input type="checkbox"/> \$160 Filing Fee, Certificate of Status & Certified Copy (copy enclosed)
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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**Article 1: Name:**

The Name of the Limited Liability Company is Lamda Tax 19, LLC.

**Article II: Address:**

The Mailing Address and Street Address of the principal office of the Limited Liability Company are:

**Principal Office Address:**

18305 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Mailing Address:**

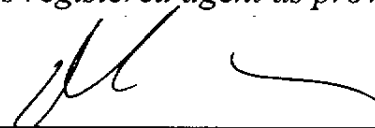
PO Box 25177  
Miami, FL 33102-5177

**Article III: Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Deborah Marks, Esq.  
999 Brickell Bay Drive  
Suite 1809  
Miami, Florida 33131

*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 608, F.S.*

  
\_\_\_\_\_  
**Deborah Marks**

(CONTINUED)

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TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

**Name and Address:**

“MGRM” = Managing Member

Jonathan Politano  
18305 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Required Signature:** \_\_\_\_\_

(In accordance with Section 608.408(3), Florida Statutes,  
The execution of this document constitutes an affirmation under the  
Penalties of perjury that the facts stated herein are true.)

\$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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TALLAHASSEE, FLORIDA