

L05000038963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

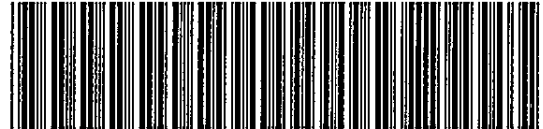
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L05-38963  
84

**Deborah Marks, P.A.**

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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 21, 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 21, 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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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

(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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