

L05000038971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

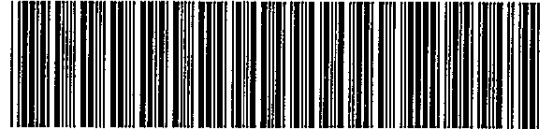
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L05-38971
BZA

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 24, 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:

☒ \$125 Filing Fee ☐ \$130 Filing Fee & Certificate of Status ☐ \$155 Filing Fee & Certified Copy (copy enclosed) ☐ \$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 I: Name:

The Name of the Limited Liability Company is Lamda Tax 24, 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:

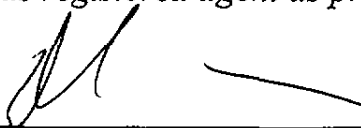
PO Box 25177
Miami, FL 33102-5177

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: _____

Authorized representative of Jonathan Politano, member

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)

Filing Fee for Articles of Organization and Designation of Registered Agent

Certified Copy (Optional)

Certificate of Status (Optional)

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