## L050000 83187

(R	equestor's Name)	
(Ad	ddress)	<u></u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ва	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		823/2
<u> </u>	Office Use Only	Month



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FILED

## TRANSMITTAL LETTER

TO: Registration S Division of C			•
SUBJECT:	LOTS OF E	QUITY, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Ma	rtha C. Desai	
	0	Name of Person)	
	2701	OF EQUITY, LLC	
**************************************		Firm/Company)	
	3900	NW 108th Drive	
		(Address)	
<del></del>	<del></del>	prings, Florida 33065	
	(City)	(State and Zip Code)	
For further information	concerning this matter, please	cali:	
Simone McKenzie		at ( 954 ) 205 8840	
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check i	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 PMI2: 31

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  LOTS OF EQUITY, LLC				
The mailing address and street address	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3900 NW 108th Drive	3900 NW 198th Drive			
Coral Springs, Florida 33065	Coral Springs, Florida 33065			
	Martha C. Desai			
	· ·			
	Martha C. Desai Name			
	Martha C. Desai  Name  3900 NW 108th Drive a street address (P.O. Box NOT acceptable)			
Florid Coral Sprin	Martha C. Desai  Name  3900 NW 108th Drive a street address (P.O. Box NOT acceptable)			
Florid  Corel Sprin  Corel Spri	Martha C. Desai  Name  3900 NW 108th Drive a street address (P.O. Box <u>NOT</u> acceptable)  ngs, FL 33065			
Florid  Corel Sprin  Corel Spri	Martha C. Desai  Name  3900 NW 108th Drive a street address (P.O. Box NOT acceptable)  ngs, FL 33065  ity, State, and Zip  nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and			

(CONTINUED)

Page 1 of 2

ARTICLE IV-	Manager(s) or	Managing	Member(s):
The name and a	ddmana of made 1	fonces on	Managing M

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

<u>l'itle:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Martha C. Desai
	3900 NW 108th Drive
	Coral Springs, Florida 33065
MGRM	Jeffrey S. Poole
	3900 NW 108th Drive
	Coral Springs, Florida 33065
(Use attachment if necessary)	
NOTE: An additional article mu	ast be added if an effective date is requested.
REQUIRED SIGNATURE:	$\Omega$
	Astros -
Signature of a men	nber or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution sustitutes an affirmation under the penalties of perjury ed herein are true.)
	Jeffrey S. Poole
	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)