

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : DEBORAH MARKS, P.A.  
Account Number : I20060000054  
Phone : (305) 372-9400  
Fax Number : (305) 716-9154

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DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Nu Tax 49**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Article 1: Name:**

The Name of the Limited Liability Company is Nu Tax 49, LLC.

**Article II: Address:**

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

**Principal Office Address:**

18405 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Mailing Address:**

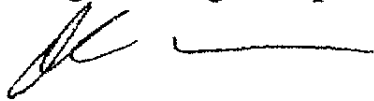
c/o MLHM, Inc.  
Dept 5193  
Birmingham, AL 35287-5193

**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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**Article IV: Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows: STATE  
TALLAHASSEE, FLORIDA

**Title:**

**Name and Address:**

"MGR" = Manager  
"MGRM" = Managing Member

MGRM

Jonathan Politano  
18305 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Required Signature:**



**DEBORAH MARKS, ESQ.**

**Authorized representative of Jonathan Politano, member**

(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.)

**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)

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