

44000111694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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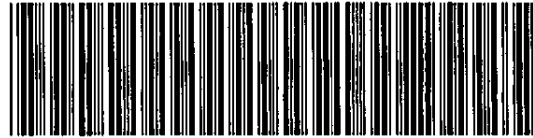
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 14 PM 4:48

COVER LETTER

**TO: , Registration Section
Division of Corporations**

SUBJECT: NORTH DIXIE HWY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORMAN S WEINSTEIN

Name of Person

Firm/Company

2700 N MILITARY TRAIL STE 225

Address

BOCA RATON, FL 33431

City/State and Zip Code

MPRIEST@STATESIDECAP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMAN S WEINSTEIN

561 278-9292

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 9, 2016

Harmon J. Alcott

Signature of a member or authorized representative of a member

NORMAN S WEINSTEIN

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000111694
FILED 8:00 AM
July 15, 2014
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:
NORTH DIXIE HWY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2700 NORTH MILITARY TRAIL
SUITE 225
BOCA RATON, FL. US 33431

The mailing address of the Limited Liability Company is:
2700 NORTH MILITARY TRAIL
SUITE 225
BOCA RATON, FL. US 33431

Article III

The name and Florida street address of the registered agent is:
NORMAN WEINSTEIN
2700 NORTH MILITARY TRAIL
SUITE 225
BOCA RATON, FL. 33431

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.

Registered Agent Signature: NORMAN WEINSTEIN

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TALLAHASSEE, FLORIDA
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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
STATESIDE CAPITAL CORP
2700 N MILITARY TRAIL, STE 225
BOCA RATON, FL. 33431 US

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Signature of member or an authorized representative

Electronic Signature: NORMAN WEINSTEIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA
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