

L1888888831343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

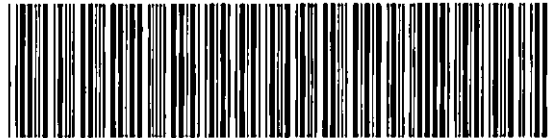
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
FEB 06 2018



900308889049

02/06/18--01018--006 **280.00

RECEIVED
TO: SECRETARY OF STATE
18 FEB -6 AM 10:51
TALLAHASSEE, FLORIDA

FILED
18 FEB -6 PM 1:56
TALLAHASSEE, FLORIDA

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2-6-18

****WALK IN****

ENTITY NAME LB 4900 LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____
NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 155.00

CHECK # 4511

FILED
18 FEB - 6 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FL 32309

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LB 4900, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Angela Fletcher

Name of Person

Bridge Service Corp.

Firm/Company

299 Broadway, Suite 1508

Address

New York, NY 10007

City/State and Zip Code

bruce@besvaluations.com

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

For further information concerning this matter, please call:

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
18 FEB -6 PM 1:56
TALLAHASSEE, FL 32301
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LB 4900, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4900 North Ocean Boulevard

Suite 412

Lauderdale by The Sea, Florida 33308

Mailing Address:

4900 North Ocean Boulevard

Suite 412

Lauderdale by The Sea, Florida 33308

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Bruce Schwartz

Name


4900 North Ocean Boulevard, Suite 412

Florida street address (P.O. Box NOT acceptable)

Lauderdale by The Sea FL 33308

City, State, and Zip

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
18 FEB -6 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Bruce Schwartz

4900 North Ocean Boulevard, Suite 412

Lauderdale By The Sea, FL 33308

MGR

Laura Schwartz

4900 North Ocean Boulevard, Suite 412


Lauderdale By The Sea, FL 33308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 8, 2018. (OPTIONAL)

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

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a 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.)

Bruce Schwartz
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)

FILED
18 FEB -6 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA