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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

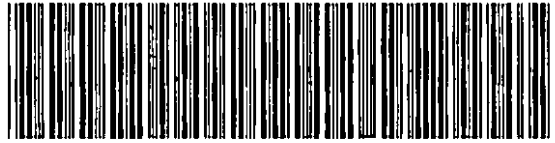
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TALLAHASSEE, FLORIDA

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Members of the Pennsylvania & New Jersey Bars

\* Also Member of Minnesota, New York, Ohio, Texas, Virginia and Washington Bars

† Also Member of District of Columbia Bar

‡ Member of Colorado, Connecticut, Florida, Massachusetts & North Carolina Bars, only

§ Member of Pennsylvania Bar only

Sender's E-mail: April@RMontgomery-law.com

April 19, 2018

**Via First Class Mail**

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

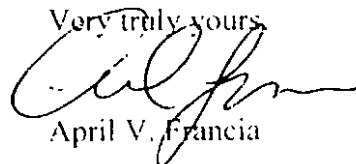
**Re: Articles of Organization – Lieberman Real Estate Holdings, LLC**

Dear Sir/Madam:

Please find enclosed for filing the Articles of Organization for Lieberman Real Estate Holdings, LLC and a check for \$130.00 made payable to the "Florida Department of State" for the filing fee for the Articles of Organization, Designation of Registered Agent, and Certificate of Statute.

Kindly return the file-stamped Articles of Organization and/or letter of acknowledgement to me in the enclosed, self-addressed envelope. Please feel free to contact me should you have any questions. Thank you.

Very truly yours,



April V. Francia

enclosures

New York Office ♦ 57 West 57th Street, 4th Floor, New York, New York 10019 ♦ Tel: (646) 677-2603

New Jersey Office ♦ 100 Overlook Center, 2nd Floor, Princeton, New Jersey 08540 ♦ Tel: (856) 354-2229

Texas Office ♦ 901 Mopac Expressway South, Building 1, Suite 300, Austin, Texas 78746 ♦ Tel: (512) 955-3041

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Lieberman Real Estate Holdings, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

April Francia

\_\_\_\_\_  
Name of Person

Robert H. Montgomery, III, Esq., P.C.

\_\_\_\_\_  
Firm/Company

230 S. Broad Street, Suite 305

\_\_\_\_\_  
Address

Philadelphia, PA 19102

\_\_\_\_\_  
City/State and Zip Code

April@RMontgomery-Law.com

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

For further information concerning this matter, please call:

April Francia

215

731-1404

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lieberman Real Estate Holdings, LLC

(Must contain 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:

13067 Doubletree Circle  
Wellington, FL 33414

Mailing Address:

13067 Doubletree Circle  
Wellington, FL 33414

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:

Ian Lieberman, DMD

Name

13067 Doubletree Circle

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

Wellington

FL

33414

City

State

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2018 APR 23 AM 10:28  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Ian Lieberman, DMD

13067 Doubletree Circle

Wellington, FL 33414

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

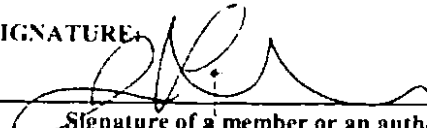
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

The purpose of this limited liability company is to hold real estate.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Ian Lieberman, DMD

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)