

L18000167210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

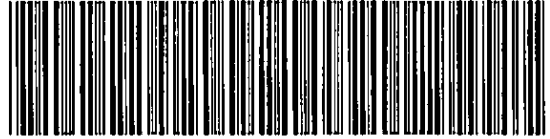
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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18 JUL -9 AM 9:11
T COLLINS
JUL 13 2018
ALABAMA
STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HIDDEN FOREST 2030-2, 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:

DAVID M. GLASSBERG, ESQUIRE

Name of Person

GLASSBERG & GLASSBERG, P.A.

Firm/Company

13611 S. DIXIE HIGHWAY, #109-514

Address

MIAMI, FL 33176

City/State and Zip Code

glassberglaw@aol.com

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

For further information concerning this matter, please call:

David M. Glassberg 305 669-9535
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

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18 JUL -9 AM 9:11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIDDEN FOREST 2030-2, 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:

Mailing Address:

7710 NW 56 WAY, SUITE 200
POMPANO BEACH, FL 33073

7710 NW 56 WAY, SUITE 200
POMPANO BEACH, FL 33073

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:

DAVID M. GLASSBERG, ESQ.

Name

13611 S. DIXIE HIGHWAY, #109-514

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

MIAMI

FL

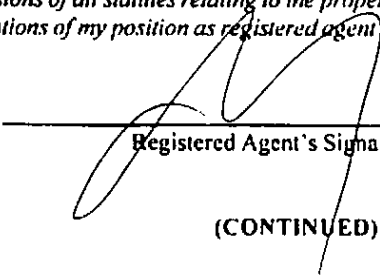
33176

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)

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18 JUL -9 AM 9:11

CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, 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

MGR

Name and Address:

BRADFORD MAGARO

7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

MGR

ROBIN MAGARO

7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

AMBR

BRANDON JARED MAGARO

7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

AMBR

BROCK STEPHEN MAGARO

7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

(Use attachment if necessary)

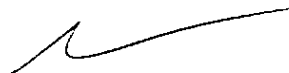
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Bradford Magaro

Typed or printed name of signer

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)

CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

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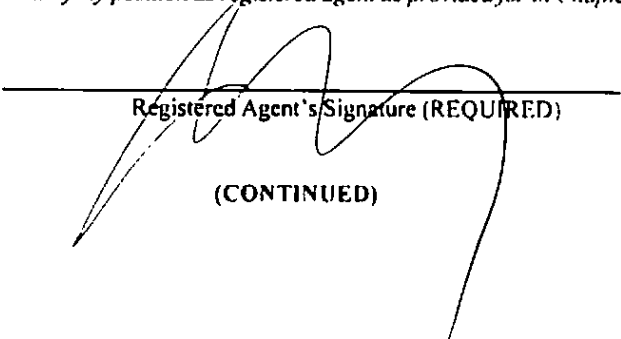
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Registered Agent's Signature (REQUIRED)

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ARTICLE VI
ATTEST: _____
CLERK OF THE
DEPARTMENT OF STATE

18 JUL -9 AM 9:11

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