

48000167220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

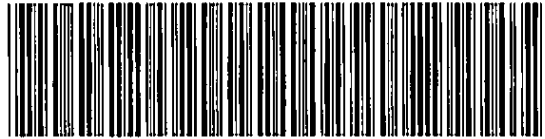
(Business Entity Name)

(Document Number)

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18 JUL -9 AM 9:10  
ALABAMA SECRETARY OF REVENUE

T COLLINS  
JUL 13 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HIDDEN FOREST 2026-7, 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

glassbergglaw@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 9:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIDDEN FOREST 2026-7, 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:

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

Mailing Address:

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

*I 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 9:10

CLERK OF DISTRICT COURT

**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

MGR

AMBR

AMBR

**Name and Address:**

BRADFORD MAGARO

7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

ROBIN MAGARO

7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

BRANDON JARED MAGARO

7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

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)

FILED  
18 JUL -9 AM 9:10  
CLERK OF THE COURT  
JANUARY 18, 2019

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DAVID M. GLASSBERG, ESQ.

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7710 NW 56 WAY, SUITE 200

POMPANO BEACH, FL 33073

AMBR

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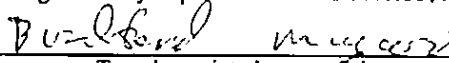
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