

**L19000271149**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : 120010000025  
Phone : (786) 899-2235  
Fax Number : (305) 935-9042

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Florida Landev Leasing, LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

**J DENNIS  
NOV 14 2019**

## COVER LETTER

13 NOV 13 PM 2:15

TO: New Filing Section  
Division of Corporations

SUBJECT: Florida Landev Leasing, 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:

Melissa Sosa, RE Paralegal

Name of Person

Leopold Kom, P.A.

Firm/Company

20801 Biscayne Blvd. Suite

Address

Aventura, FL 33180

City/State and Zip Code

dperry@centerlineca.com

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

For further information concerning this matter, please call:

Melissa Sosa

786

899-2232

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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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

19 NOV 19 PM 2:19

Florida Landev Leasing, 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:15481 SW 12th Street, Suite 309  
Sunrise, FL 3332315481 SW 12th Street, Suite 309  
Sunrise, FL 33323

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Leopold Kom, P.A.

Name

20801 Biscayne Blvd., Suite 501Florida street address (P.O. Box **NOT** acceptable)AventuraFL33180

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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**ARTICLE IV-**

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

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Deborah S. Perry15481 SW 12th Street, Suite 309Sunrise, FL 33323\_

(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.Any and all lawful business purposes\_\_\_\_\_**REQUIRED SIGNATURE:**Deborah Perry**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.

Deborah S. Perry, as Manager

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)

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