

# L20000217105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

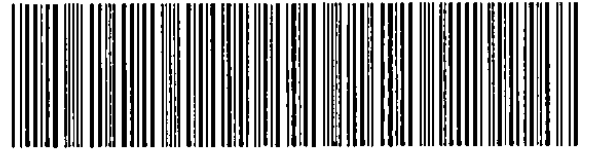
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

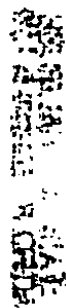
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TALLAHASSEE, FL



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**PICK UP:** 07/29/2020

☐ **CERTIFIED COPY** \_\_\_\_\_  
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**xx** **FILING** LLC

**1. LAFIN INVESTMENTS 412, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: LAFIN Investments 412, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jeffrey D. Levy, Esq.  
Name of Person

Grant W. Kehres, P.A.  
Firm/Company

2000 Glades Rd., Suite 302  
Address

Boca Raton, FL 33431  
City/State and Zip Code

Jeff@Bocaclosings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey D. Levy at (561) 392-5200  
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

2020 JUL 29

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA FIN Investments 412, LLC

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

SECRETARY  
TALLAHASSEE

ARTICLE II - Address:

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

Principal Office Address:

412 SE 23 Street  
Fort Lauderdale, FL 33316

Mailing Address:

17848 Key Vista Way  
Boca Raton, FL 33496

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:

Jeffrey D. Levy, Esq.  
Name  
2000 Glades Rd. Suite 302  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton, FL 33431  
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)

**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:**

Larry Isakowitz

17848 Key Vista Way

Boca Raton, FL 33496

SECRETARY OF STATE  
TALLAHASSEE FL

2020 JUL 29 AM 0:34

(Use attachment if necessary)

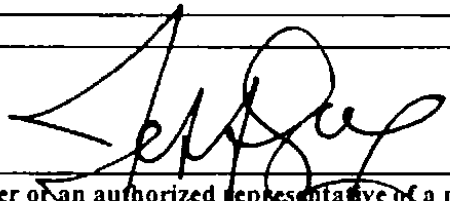
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 on 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 605.0103 (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.

Jeffrey D. Levy, Esq.

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)