

11/2/2020

**120000336373**

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 : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

2020 NOV -2 AM 10:40

11/2/2020

**\*\*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.**

**Egert Development, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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11/2/2020

J. FASON

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## **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

### **ARTICLE I**

The name of the Limited Liability Company is:

**EGERT DEVELOPMENT, LLC**

### **ARTICLE II**

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

**11950 West Dixie Highway  
Miami, Florida 33161**

### **ARTICLE III**

The name and the Florida street address of the registered agent are:

**ALAN EGERT  
11950 West Dixie Highway  
Miami, FL 33161**

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 605.0201, F.S.

  
ALAN EGERT

Registered Agent

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**ARTICLE IV**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

Alan Egert  
11950 West Dixie Highway  
Miami, FL 33161

**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).


**ARTICLE VI**

Other provisions, if any:

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**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ALAN EGERT

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FILED

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