

7/9/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000275081 3)))



H21000275081 3

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## To:

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

## From:

Account Name : ALAN J. MARCUS, ATTORNEY AT LAW  
Account Number : 120190000099  
Phone : (305)937-1800  
Fax Number : (305)937-1857

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

Email Address: PLIJeff@sbcglobal.netFLORIDA LIMITED LIABILITY CO.  
BROWARD COUNTYWIDE FINANCIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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July 21, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALAN J. MARCUS, ATTORNEY AT LAW

SUBJECT: BROWARD COUNTYWIDE FINANCIAL, LLC  
REF: W21000103334

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin  
Regulatory Specialist II

FAX Aud. #: H21000275081  
Letter Number: 421A00016888

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BROWARD COUNTYWIDE FINANCIAL, 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:

Alan J. Marcus

Name of Person

Alan J. Marcus, Attorney at Law

Firm/Company

20803 Biscayne Boulevard, Suite 301

Address

Aventura, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

Alan J. Marcus 305 937-1800

Name of Person

at

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  
The Centre of Tallahassee  
2115 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BROWARD COUNTYWIDE FINANCIAL, 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:2106 N. OCEAN DRIVE, SUITE 1  
HOLLYWOOD, FL 33019Mailing Address:P. O. BOX 2155  
GARY, IN 46409-0155

## 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:

ALAN J. MARCUS

Name

20803 BISCAYNE BOULEVARD, SUITE 301Florida street address (P.O. Box **NOT** acceptable)AVENTURAFL33180

City

State

Zip

ID  
2021 AUG -5 PM 4:29  
FILED  
TALLAHASSEE, FL

2021 AUG -5 PM 4:29

FILED

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:**

"AMOR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

YOUNGHEIM, JEFFREY M.

P.O. BOX 2135

GARY, IN 46405-0135

(Use attachment if necessary)

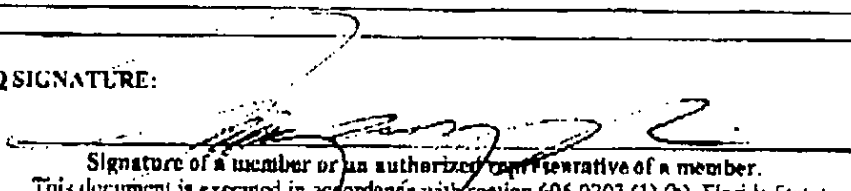
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

JEFFREY M. YOUNGHEIM

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)