

08/06/2021

11:15 AM

Florida Department of State

(FAX) 305 937 1857

P.001/004

8/2021

Division of Corporations

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 : ALAN J. MARCUS, ATTORNEY AT LAW  
Account Number : I20190000099  
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: info@whitewaterboat.com

FLORIDA LIMITED LIABILITY CO.  
LNC PROPERTIES 280, LLC

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

2021/8/6 PM 2:25

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Corporate Filing Menu

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LNC PROPERTIES 280, 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

info@whitewaterboat.com

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

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  
The Centre of Tallahassee  
2415 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:

LNC PROPERTIES 280, 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:

3420 NE 170 Street

North Miami Beach, FL 33160

3420 NE 170 Street

North Miami Beach, FL 33160

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:

NORMAN W. COLLINS

Name

280 NW 73 Street

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33150

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..

\* Norman W Collins  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

OFFICE OF STATE  
TALLAHASSEE, FL

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FILED

**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

NORMAN W. COLLINS  
3420 NE 170 Street  
North Miami Beach, FL 33160

MGR

LUCINDA W. COLLINS  
3420 NE 170 Street  
North Miami Beach, FL 33160

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(Use attachment if necessary)

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

(If no 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.

NORMAN W. COLLINS

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)