L2200066196

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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7/172 FEB 18 PM 12: 15

2 FEB 18 AM 11: (

RECEIVED

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM A AUTHORIZATION SIGNATU	RE:
5858 International Drive Investo Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certificate of Status NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit	AmendmentResignation of R.A. Officer/DirectChange of Registered Agent
X Limited Liability Domestication Other CORP	Dissolution/WithdrawalMergerConversion
DomesticationOther	Merger
DomesticationOtherCORP	MergerConversion REGISTERATION/QUALIFICATIONS Foreign filing
DomesticationOtherCORP OTHER FILINGS	Merger Conversion REGISTERATION/QUALIFICATIONS

COVER LETTER

TO:	New Filing Sec Division of Cor				.•
SUBJE		national Drive Investo	rs, LLC.		
SODI		Name o	f Limited Lia	bility Company	
The en	closed Articles of	Organization and fee(s) are submit	ted for filing.	
Please	return all correspo	ondence concerning th	is matter to th	e following:	
	Keith Diamo	nd			
			Name	of Person	
	Keith D. Dia	mond, P.A.			
			Firm/	Company	
	3440 Hollyw	ood Blvd, Suite 415			
			Ac	ldress	
	Hollywood,	Florida 33021			
	z bi to ou	20-1	City/State	and Zip Code	
	Keithdiamond I		used for futur	e annual report notificati	ion)
For furth		ncerning this matter, p		•	,
	Keith Diamor		954 it (618-1008	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclos	ed is a check for the	he following amount:			
	5.00 Filing Fee	□S130.00 Filing Fo Certificate of Statu	s Cert	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESO	FORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPAN	Y FIL	ED .
. DELCI E L. N			SECRETARY	OF STATE
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		ייין שויי אַ רוּיין יי	OF STATE
The name of the Limited Liabin	ty Company is.			
			2022 FEB 18	PM 12: 15 1
5858 International D	rive Investors, LLC.			
(Must cont	ain the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal of	office of the Limited Liability Company is:		
Princip	al Office Address:	Mailing A	ddress:	
3440 Hollywood Bly	d, Suite 415	3440 Hollywood Blvd, Su		
Hollywood, Florida	33021	Hollywood, Florida 33021		
another business entity with an . The name and the Florida street	address of the registered	•		
	Keith Diamond	Name	•	
		Name		
	3440 Hollywood Bly	d. Suite 415		
		s (P.O. Box <u>NOT</u> acceptable)		
	Hollywood	Florida 33021		
	City	State Zip		
lace designated in this certificate urther agree to comply with the pi	. I hereby accept the app rovisions of all statutes r	ice of process for the above stated limited li ointment as registered agent and agree to d elating to the proper and complete perform as registered agent as provided for in Chap	act in this capacity. cance of my duties, a	I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:
	thorized Member .
"MGR" = Man	ager
<u>Mer</u>	Keith Diamond 3440 Hollywood Blvd. Suite 415 Hollywood. Florida 33021
	PEB PEB
	ROF STATE
	ATION (C.)
(Use attachmer	it if necessary)
DTICLE V. Effective	date, if other than the date of filing: (OPTIONAL)
If an effective date is lis he date of filing.) Note: If the date inserte	sted, the date must be specific and cannot be more than five business days prior to or 90 days after ad in this block does not meet the applicable statutory filing requirements, this date will not be listed as a date on the Department of State's records.
RTICLE VI: Other pro	visions, if any.
REOUIRED S	IGNATURE:
-	The state of the s
	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.
	Verth Down L
	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)