

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

122000098028

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000090206 3)))



H220000902063ABC V

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 MAR -9 PM 12:51

FILED

**FLORIDA LIMITED LIABILITY CO.
LKB UNITS II, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

MAR 10 2022

FILED22 MAR -9 PM 12:51
H220600902063SECRETARY OF STATE
TALLAHASSEE, FLORIDA**COVER LETTER****TO:** New Filing Section
Division of Corporations**SUBJECT:** LKB UNITS II, 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:

Javier A. Granda

Name of Person

Lionstone Development, LLC

Firm/Company

10295 Collins Avenue, 2nd Floor

Address

Bal Harbour, FL 33154

City/State and Zip Code

Javier@lionstone.net

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

For further information concerning this matter, please call:

Cayla Ross

305

854-0800

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

LKB UNITS II, 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:c/o Lionstone Development
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154**Mailing Address:**c/o Lionstone Development
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154**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:

Capitol Corporate Services, Inc.

Name

515 E Park Ave. Floor 2Florida street address (P.O. Box **NOT** acceptable)Tallahassee FL 32301

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.

Taylor SeayTaylor Seay, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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22 MAR -9 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

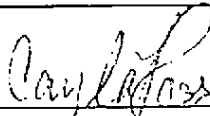
"MGR" = Manager

Name and Address:MGRRonny Ben-Josef
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154MGRRonen Ben-Josef
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154MGRDiego Lowenstein
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154MGRJavier A. Granda
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154

(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.Cayla Ross

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)

H22000090206 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

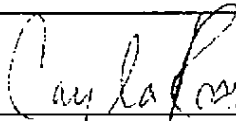
"MGR" = Manager

Name and Address:MGRDayssi Olarte de Kanavos
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154MGRPaul C. Kanavos
10295 Collins Avenue, 2nd Floor
Bal Harbour, Florida 33154

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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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)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 MAR -9 PM 1:00

FILED