

3/22/22, 8:05 AM

Division of Corporations

L22000117532

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H22000105427 3)))



H220001054273ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : KATZ BASKIES & WOLF PLLC
Account Number : I20080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

RECEIVED

2022 MAR 22 AM 9:35

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

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

Email Address: thomas.katz@katzbaskies.com

SECRETARY OF STATE
TALLAHASSEE, FL 32399

22 MAR 22 AM 12:07

FILED

FLORIDA LIMITED LIABILITY CO.
Deerfield Beach Lakes GDDM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

S. CHATHAM

MAR 23 2022

Electronic Filing Menu

Corporate Filing Menu

Help

H22000105427 3

FILED
 22 MAR 22 AM 12:07
 SECRETARY OF STATE
 TALLAHASSEE, FL 32303

COVER LETTER

TO: New Filing Section
 Division of Corporations

SUBJECT: Deerfield Beach Lakes GDDM 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:

Thomas O. Katz

 Name of Person

Katz Baskies & Wolf PLLC

 Firm/Company

3020 North Military Trail Suite 100

 Address

Boca Raton, FL 33431

 City/State and Zip Code

thomas.katz@katzbaskies.com

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

For further information concerning this matter, please call:

Thomas O. Katz

561

910-5700

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

H22000105427 3

H22000105427 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Deerfield Beach Lakes GDDM 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:16361 Via Fontana
Delray Beach, FL 3348416361 Via Fontana
Delray Beach, FL 33484

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:


Gail Butters Cohen

Name

16361 Via FontanaFlorida street address (P.O. Box **NOT** acceptable)Delray Beach FL 33454

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..


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
 22 MAR 22 AM 12:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H22000105427 3

H22000105427 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:MGRGail Butters Cohen16361 Via FontanaDelray Beach, FL 33484

(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:***Gail Butters Cohen, As Manager*
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.Gail Butters Cohen, Manager

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)

SECRETARY OF STATE
TALEAH S. FLETCHER

22 MAR 22 AM 12:07

FILED

H22000105427 3