

4/4/22, 9:04 AM

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Division of Corporations
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALEJANDRO E. JORDAN, JD, P.A.
Account Number : I20210000179
Phone : (305)501-2836
Fax Number : (305)723-0303

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

Email Address: Scott Lehman <slehman@eisenberglehman.com>

RECEIVED

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CORPORATIONS
COMMERCIAL
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FLORIDA LIMITED LIABILITY CO. HB 2208 LLC

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

2022 APR -4 PM 1:20

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HB 2208 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:

SCOTT D. LEHMAN, ESQ.

Name of Person

EISENBERG LEHMAN, PLLC

Firm/Company

121 Alhambra Plaza, Suite 1500

Address

Coral Gables, FL 33134

City/State and Zip Code

SLEHMAN@EISENBERGLEHMAN.COM

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

For further information concerning this matter, please call:

SCOTT D. LEHMAN, ESQ.

786

709-9323

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HB 2208 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:488 NE 18TH UNIT 3900Miami, FL 33132Mailing Address:488 NE 18TH UNIT 3900Miami, FL 33132

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:

EISENBERG LEHMAN, PLLC

Name

121 ALHAMBRA PLAZA, SUITE 1500Florida street address (P.O. Box **NOT** acceptable)CORAL GABLESFL33134

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.

Scott D. LehmanDigitally signed by Scott D. Lehman
Date: 2022.04.02 13:36:35 -04'00'

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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