

4/6/22, 11:30 AM

Division of Corporations

**L22000143352**

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.

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H220001252493ABC.

**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 : 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:slehman@eisenberglehman.com&gt;

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DIVISION OF CORPORATIONS  
COMMERCIAL  
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**FLORIDA LIMITED LIABILITY CO.  
ICON 2208, LLC**

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

2021 APR -6 AM 7:05  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ICON 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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DIVISION OF CORPORATIONS & NON-PROFIT ORGANIZATIONS  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ICON 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:Mailing Address:1411 BALDERSTON CT NE  
LEESBURG, VA 201761411 BALDERSTON CT NE  
LEESBURG, VA 20176

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

HB 2208 LLC

Name

488 NE 18TH STREET, UNIT 3900Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33132

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)

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 TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRNAEEM MOHDMGROUSSAMA EL GUENNOUNIMGRHAKIM BENKIRANE

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: APRIL 1, 2022 (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.HAKIM BENKIRANE

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)

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CLERK OF COURSE  
TALLAHASSEE, FLORIDA

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