

4/4/22, 10:29 AM

Division of Corporations

L22000121506365

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.

(((H220001215063)))



H220001215063ABCT

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: Scott Lehman <slehman@eisenberglehman.com>

FLORIDA LIMITED LIABILITY CO. FH DEV LIGHTHOUSE POINT, LLC

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

RECEIVED

2022 APR 13 AM 8:32

DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES2022 APR 13 PM 1:54
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000121506 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FII DEV LIGHTHOUSE POINT, 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 LEHMAN

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

(((H22000121506 3)))

(((H2000121506.3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FH DEV LIGHTHOUSE POINT, 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:**218 NW 24TH STREET
MIAMI, FL 33127218 NW 24TH STREET
MIAMI, FL 33127**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:

KASH FALLAHZADEH

Name

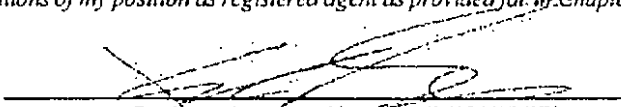
218 NW 24TH STREETFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33127

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)

FALLAHZADEH, KASH
MIAMI, FL

2023 APR 13 PM 1:54

FILED

(((H22000121506.3)))

((1122000121506 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:

AMBR

KASII FALLAIIZADEH

218 NW 24TH STREET

MIAMI, FL 33127

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 29, 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.

KASH FALLAHZADEH

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)

((1122000121506 3)))