

6/16/22, 11:30 AM

Division of Corporations

# 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.**

(((H22000209541 3)))



H220002095413ABCZ

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To:

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

From:

Account Name : OLIVE JUDD, P.A.  
Account Number : 120200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

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

Email Address: \_\_\_\_\_

### FLORIDA LIMITED LIABILITY CO.

#### Alico Plaza LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

2022 JUN 17 PM 4:04  
CORPORATIONS  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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June 17, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OLIVE JUDD, P.A.

SUBJECT: ALICO PLAZA LLC  
REF: W22000082642

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey  
OPS Clerk

FAX Aud. #: H22000209541  
Letter Number: 222A00013653

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Alico Plaza 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:

Stephen V. Hoffman, Esq.

\_\_\_\_\_  
Name of Person

Olive Judd, P.A.

\_\_\_\_\_  
Firm/Company

2426 East Las Olas Boulevard

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33301

\_\_\_\_\_  
City/State and Zip Code

shoffman@olivejudd.com

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

For further information concerning this matter, please call:

Stephen V. Hoffman

954

295-3385

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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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:

Alico Plaza 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:**55 Merrick Way, Suite 202a  
Coral Gables, Florida 33134**Mailing Address:**55 Merrick Way, Suite 202a  
Coral Gables, Florida 33134**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:

Olive Judd, P.A.

Name

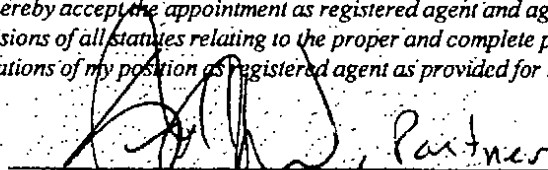
2426 East Las Olas BoulevardFlorida street address (P.O. Box **NOT** acceptable)Fort LauderdaleFlorida33301

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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**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRName and Address:

Carmen De Jongh

55 Merrick Way, Suite 202a

Coral Gables, Florida 33134

MGR

Tammy Rothman

55 Merrick Way, Suite 202a

Coral Gables, Florida 33134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 17/2022 (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.Tammy Rothman, Manager

Typed or printed name of signer

**Filing Fees:**

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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