

L22000357514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

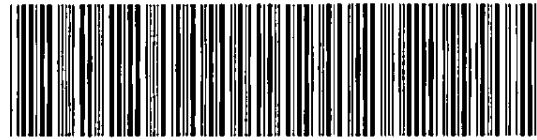
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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AUG 16 2022

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LHPM LLC

Signature _____

Requested by: SN

08/16/22

Name _____

Date _____

Time _____

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____ Art of Inc. File _____
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____ RA Resignation _____
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☒ Cert. Copy _____
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☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
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TALLAHASSEE, FL
CLERK OF COURT
JAMES H. STAFF

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LHPM 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:

Robert I. Goldfarb

Name of Person

Robert Goldfarb P.A.

Firm/Company

6100 Hollywood Boulevard, Suite 207

Address

Hollywood, FL 33024

City/State and Zip Code

robert.goldfarbpa@gmail.com

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

For further information concerning this matter, please call:

Rochelle Weissman

954

989-1513

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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STATE
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LHPM 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:

425 NE 22nd Street

425 NE 22nd Street

Apt. 2001

Apt. 2001

Miami, FL 33137

Miami, FL 33137

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:

Robert I. Goldfarb

Name

6100 Hollywood Boulevard, Suite 207

Florida street address (P.O. Box **NOT** acceptable)

Hollywood

FL

33024

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..

Robert I. Goldfarb

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT
JULY 15, 2016
MIAMI, FLORIDA

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

Ann-Marie Modric
425 NE 22nd Street, Apt. 2001
Miami, FL 33137

AMBR

Alan Keene
425 NE 22nd Street, Apt. 2001
Miami, FL 33137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 15, 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:

Ann-Marie Modric

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.

Ann-Marie Modric

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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DEPT OF STATE
TALLAHASSEE, FLORIDA