LZZCZZ1440642

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800395946298

2022 OCT 13 PH 4: 34

2022 OCT 13 PH 10: 51

FLORIDA CAPITAL COURIE 2330 CLARE DRIVE	N SERVICES, INC	
TALLAHASSEE, FL 32309	· •	
(850) 524-5437	•	
(850) 524-6243	•	
Please use funds from account:	120210000160 Amount: paid: \$125.00	
Authorization Signature	Janes Fell	
7260 SW 23rd Street Lenders, L	<u>.L.C.</u>	
Business		
Name	Document #	
WILL WAIT		
Photocopy		
Certified Copy (s) Article	es of Organization	
Certificate of Status		
NEW FILINGS	<u>AMMENDMENTS</u>	
ran o c.	A magandan sant	
FOR Profit	Amendment Resignation or Of	Tigar/Diragt
Not for Profit	<u>—</u> •	
_X Limited Liability	Change of Registere	
Domestication	Revocation of Diss	solution
Other	Merger	
CORP	Conversion	
	Articles of Conver	rsion
LLLP	Resignation	
OTHER FILINGS	REGISTRATION/QUALIFIC	<u>CATIONS</u>
Annual Danam	Foreign filing	
Annual Report	Limited Partnership	
Fictitious Name	Emmed Tarmersinp	
	Reinstatement	
A DETCLES OF CODDIC		
ARTICLES OF CORREC	HON	20
CDACTIL A	Other	12.
		- ;- ;
APOSTIL ()		
Country	•	
	•	535 T
		2022 OCT 13 PH 10:

COVER LETTER

Division of Corporation	,			
7260 SW 23rd Stre	et Lenders, LL0	C .		
	Name of Lin	nited Liabil	ity Company	
The enclosed Articles of Organizat	ion and fee(s) ar	e submitted	for filing.	
Please return all correspondence co				
Keith Diamond				
-		Name of	Person	
Keith D. Diamond, P	.A.			
		Firm/Co	mpany	
3440 Hollywood Blvd	l, Suite 4154			
		Addr	ess	
Hollywood, Florida 3	3021			
Keithdiamond2@aol.		lity/State an	d Zip Code	
E-mail add	lress: (to be used	for future a	nnual report notificat	ion)
For further information concerning	his matter, please	e call:		
Keith Diamond	95 at (54	415-1966)	
Name of Perso			Daytime Telephon	ne Number
Enclosed is a check for the following	ng amount:			
	.00 Filing Fee & cate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres	i		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7260 SW 23rd Street Lenders, LLC.	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	e of the Limited Liability Company is: Mailing Address:
	3440 Hollywood Blvd, Suite 415
3440 Hollywood Blvd, Suite 415	Hollywood, FI 33021
Hollywood, FI 33021	

The name and the Florida street address of the registered agent are:

Keith D. Diamond.	P.A.	
	Name	
3440 Hollywood Bl	vd, Suite 415	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Hollywood	Florida	33021
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)

Tide:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Keith Diamond
MON.	3440 Hollowood Blvd, Suite 415
	Hollywood, Florida 33021
	 -
(Use attachment if necessary) TLE V: Effective date, if other than the effective date is listed, the date must	ne date of filing:
TLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block doe	is not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block doe cument's effective date on the Depar CLE VI: Other provisions, if any.	is not meet the applicable statutory filing requirements, this date will not be timent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block document's effective date on the Depar CLE VI: Other provisions, if any.	is not meet the applicable statutory filing requirements, this date will not be atment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must se of filing.) If the date inserted in this block document's effective date on the Depar CLE VI: Other provisions, if any.	is not meet the applicable statutory filing requirements, this date will not be timent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block document's effective date on the Deparameter. Other provisions, if any.	is not meet the applicable statutory filing requirements, this date will not be stiment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does current's effective date on the Departure VI: Other provisions, if any.	is not meet the applicable statutory filing requirements, this date will not be stiment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does current's effective date on the Depar CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	is not meet the applicable statutory filing requirements, this date will not be atment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depar CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are	is not meet the applicable statutory filing requirements, this date will not be stiment of State's records.
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does ument's effective date on the Department's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State is degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depar CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depar CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depar CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that are	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does ument's effective date on the Department's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State idegree felony as provided for in s.817.155, F.S. Kelh Diamond Typed or printed name of signee
CLE V: Effective date, if other than the fective date is listed, the date must e of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes. In false information submitted in a document to the Department of State is degree felony as provided for in s.817.155, F.S. **ELHADIAMONG** Typed or printed name of signee Filing Fees: For Organization and Designation of Registered Agent

ARTICLE IV-