## 122000447359

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only





300390063483

10/11/22--01083--038 \*\*4125.00

2022 OCT 11 PM 3: 52
TATE ANALYSITE FLORIDA

-1:

## COVER LETTER

	New Filing Sec Division of Co					
	13500 N	IE 3 CT, #124	, LLC			
SUBJEC	r:		ne of Lim	iited Liabil	ity Company	
The englas	oad Articlas of	Organization and	faa(a) are	cubmitted	Ese filian	
					_	
Please retu	•	ondence concernin	g this ma	tter to the	following:	
	LOURDES	D. ERMER				
	· · · · · · · · · · · · · · · · · · ·			Name of	Person	
	DERGAN F	ERMER LAW, PA				
		<u> </u>		Firm/Co	mpany	
	7900 HARE	OR ISLAND DRI	IVE, NO.	. 713A		
			· <u> </u>	Addr	ess	
	NORTH BA	Y VILLAGE, FL.	33141			
	LDERMER@	GMAIL.COM	C	ity/State ar	d Zip Code	
		E-mail address: (to	be used	for future a	innual report notificati	ion)
For further	information co	ncerning this matt	er, please	call:		
	Lourdes Erm	ier	30	15	213-4124	
		· · · · · · ·			_)	<del></del>
	Nam	e of Person	Ar	rea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amou	int:			
<b>■\$125.0</b> 0	0 Filing Fee	□\$130.00 Filin Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ng Address iling Section on of Corporations			Street Address New Filing Section Di The Centre of Tallaha	
		lox 6327			2415 N. Monroe Stre	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:		lity Company, "L.L.C.," or "LLC.")	
The mailing address and	street address of the principal office	of the Limited Liability Company is:	
<u>i</u>	Principal Office Address:	Mailing Address: 3535 South Ocean Drive, Suite 2305	
3535 South C	Ocean Drive, Suite 2305		
Hollywood, FL 33019		Hollywood, FL 33019	
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office, & Re	istered Agent. You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office, & Reompany cannot serve as its own Regivith an active Florida registration.)	istered Agent. You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office, & Recompany cannot serve as its own Region and active Florida registration.)  a street address of the registered agenorms.  ERIC R. GUILLEN	istered Agent. You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office, & Recompany cannot serve as its own Region and active Florida registration.)  a street address of the registered agenorms.  ERIC R. GUILLEN Nar	istered Agent. You must designate an individual or	
ARTICLE III - Register (The Limited Liability Co another business entity w	red Agent, Registered Office, & Recompany cannot serve as its own Regional vith an active Florida registration.)  a street address of the registered agenory  ERIC R. GUILLEN  Nar  3535 South Ocean Drive,	nt are:  Suite 2305	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

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

#MGR = Manager    MGR	<u>Title:</u> "AMBR" = 7	Authorized Member	Name and Address:
AMBR  SYLVIA E GUILLEN  3535 South Ocean Drive. Suite 2305  Hollywood, FL 33019  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rument is effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member pura 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.			
AMBR  SYINIAE GUILLEN  3535 South Ocean Drive. Suite 2305  Hollywood, FL 33019  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be amment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or mauthorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any talks information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		547	FRIC R. GUILLEN
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (Feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be earnent's effective date on the Department of State's records.  CLE 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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.	MIK		3535 South Ocean Drive, Suite 2305
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or 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.			Hollywood, FL 33019
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or 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.			300 M 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR	<del></del>	
CLE V: Effective date, if other than the date of filing:			Hollywood, FL 33019
CLE V: Effective date, if other than the date of filing:			<i>-</i> 2
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			
REOUIRED SIGNATURE:  Signature of a member or mauthorized 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.	(Use attachm	nent if necessary)	<u> </u>
REOUIRED SIGNATURE:  Signature of a member or mauthorized 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.	CLE V: Effecti	ve date, if other than the date	e of filing: . (OPTIONAL)
REOUIRED 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.			
REOUIRED 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.	te of filing.)		and the second s
Signature of a member 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.			
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.		•	of Auto Steeding.
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.	CLE VI: Other p	provisions, if any.	
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.			
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.			
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.		S OF CAN LEGATION	· ·
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.	REQUIRED	2 SIGNATURE:	
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.			
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.		Signature of a m	ember or an authorized representative of a member.
constitutes a third degree felony as provided for in s.817.155. F.S.		This document is execu	tted in accordance with section 605.0203 (1) (b), Florida Statules.
		constitutes a third degre	the felony as provided for in s.817.155. F.S.
		Eric R Guillen	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)