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.

(((H22000385393 3)))



H220003853933ABC2

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL

Account Number : I20220000155 Phone : (305)854-0800 Fax Number : (305)854-0800

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

Email Address: fruiz@wsh-law.com

# FLORIDA LIMITED LIABILITY CO.

## 4949 South West LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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	•	COVER LETTE	R (((H22000385393 3)))	
то:	New Filing Sec Division of Cor			
011m 45		4949	South West LLC	
SUBJE	SCT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Organization and fee(s) ar	e submitted for filing.	
Please	return all correspo	endence concerning this ma	atter to the following:	
			Marlon Hill	
			Name of Person	
		Weiss Serota	Helfman Cole & Bierman	
			Firm/Company	
		2800 Ponce	e de Leon Blvd, Ste 1200	
			Address	
		Coa	ral Gables, FL- 33134	
			City/State and Zip Code fruiz@wsh-law.com	
		E-mail address: (to be used	for future annual report notificat	ion)
For furth	ner information co	ncerning this matter, pleas	e call:	
	Marlon Hill	at (	305 854-0800	
	Nam		rea Code Daytime Telephon	e Number
Enclos	ed is a check for t	he following amouπt:		
₽\$12	5.00 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)
	New F Division	ig Address iling Section on of Corporations ox 6327	Street Address New Filing Section I The Centre of Tallah 2415 N. Monroe Stre	assee

Taliahassee, FL 32303

Tallahassee, FL 32314

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#### ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE I - Name:			(((H22000385393 3)))
he name of the Limited Liabil	ity Company is:		
	4949 South 1	Vest LLC	
(Must con	tain the words "Limited L	ability Company,	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal of	ice of the Limited	l Liability Company is:
Princip	pal Office Address:		Mailing Address:
4949 SW 135th Ave	Miramar, Florida- 33027		9 SW 135th Ave, Miramar,
		Fic	orida- 33027
The Limited Liability Company	y cannot serve as its own R	Registered Age	
The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration	k Registered Age egistered Agent.	ent's Signature;
The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration t address of the registered	k Registered Age egistered Agent. " .) agent are:	ent's Signature;
ARTICLE III - Registered Ag (The Limited Liability Compan) another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration t address of the registered	k Registered Agent. \ ) agent are:	ent's Signature;
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration t address of the registered	k Registered Age egistered Agent. " .) agent are:	ent's Signature: You must designate an individual or
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration t address of the registered	Registered Age egistered Agent.  ) agent are: urlon Hill Name	ent's Signature: You must designate an individual or
(The Limited Liability Company another business entity with an	y cannot serve as its own R active Florida registration taddress of the registered March 2800 Ponce of	Registered Age egistered Agent.  ) agent are: urlon Hill Name	ent's Signature: You must designate an individual or

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.

Marlon Hill
DETERMENDATION PRODUCTION OF THE PRO

(CONTINUED)

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## (((H22000385393 3)))

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Dean Ackin
	9864 NW 2nd Ct Plantation, Florida 33324
	. Interport, 2 10.100 3555.
AMBR	Monique Nobrega
	9864 NW 2nd Ct. Plantation, Florida 33324
	Planulion, Pionda 33324
(Use attachment if necessary)	the data of filing: (OPTION(A1)
ICLE V: Effective date, if other than	the date of filing:
ICLE V: Effective date, if other than a effective date is listed, the date mu ate of filing.)	est be specific and cannot be more than five business days prior to or 90 days af ses not meet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date, if other than a effective date is listed, the date mu ate of filing.)  If the date inserted in this block do	est be specific and cannot be more than five business days prior to or 90 days af ses not meet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date, if other than a effective date is listed, the date mutate of filing.)  If the date inserted in this block do locument's effective date on the Dep	est be specific and cannot be more than five business days prior to or 90 days af ses not meet the applicable statutory filing requirements, this date will not be liste
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ICLE V: Effective date, if other than a effective date is listed, the date must of filing.)  If the date inserted in this block do locument's effective date on the Departicle VI: Other provisions, if any.  REQUIRED STGNATURE:  Markon, Hill	ust be specific and cannot be more than five business days prior to or 90 days at the specific and cannot be more than five business days prior to or 90 days at the specific statutory filing requirements, this date will not be listed that the sartment of State's records.
ICLE V: Effective date, if other than a effective date is listed, the date muste of filing.)  If the date inserted in this block do locument's effective date on the Department's effective date on the Department of the Department	est be specific and cannot be more than five business days prior to or 90 days at the specific and cannot be more than five business days prior to or 90 days at the specific artment of State's records.  The of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (i) (b), Florida Statutes.
ICLE V: Effective date, if other than a effective date is listed, the date muste of filing.)  Effective date is listed, the date muste of filing.)  Effective date in this block do locument's effective date on the Deportation of the Deportati	est be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed artment of State's records.
ICLE V: Effective date, if other than a effective date is listed, the date muste of filing.)  Effective date is listed, the date muste of filing.)  Effective date in this block do locument's effective date on the Deportation of the Deportati	est be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.  The of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)