

11/10/22, 5:17 PM

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Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

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(((H22000385393 3)))



H22000385393ABC2

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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: fruz@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 LETTER (((H22000385393 3)))

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

SUBJECT: 4949 South West 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:

Marlon Hill
Name of Person
Weiss Serota Helfman Cole & Bierman
Firm/Company
2800 Ponce de Leon Blvd, Ste 1200
Address
Coral Gables, FL- 33134
City/State and Zip Code
fruiiz@wsh-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlon Hill 305 854-0800
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

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The name of the Limited Liability Company is:

4949 South West 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:**4949 SW 135th Ave, Miramar, Florida- 330274949 SW 135th Ave, Miramar,
Florida- 33027**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:

Marlon Hill

Name

2800 Ponce de Leon Blvd- Ste 1200Florida street address (P.O. Box **NOT** acceptable)Coral GablesFL33134

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.

DocuSigned by:

Marlon Hill

067000E00413412 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

\$ 5.00 Certificate of Status (Optional)