122000509703

	•				
(Requ	estor's Name)				
(Addre	ess)				
(Addre	ess)				
(City/S	State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
_					

Office Use Only

HL



900397665319

11/22/22--01082--018 **125.00

BEANDY 22 PH 12: S
SEANDE SEE OF STATE

COVER LETTER

то:	New Filing Sec Division of Cor							
SUBJE	Lynne Gol	ob Gelfman Legacy	Project	, LLC				
		Name	of Lim	ited Liabili	ty Company			
The enc	losed Articles of	Organization and fee	e(s) are	submitted	for filing.			
Please re	eturn all correspo	ondence concerning t	his mat	ter to the f	ollowing:			
	Daniel E. Ge	elfman						
				Name of	Person			
				F: /C				
				Firm/Co	mpany			
	9401 Kerwood Court							
	Address							
	Coral Gables	s, FL 33156						
	·		Ci	ty/State and	d Zip Code			
	dgelfman@gr	nail.com				<u></u>		
	ŀ	E-mail address: (to be	e used 1	for future a	nnual report notificati	on)		
For furthe	er information co	ncerning this matter.	please	call:				
Daniel E. Gelfman		30. at (772-5556				
	Nam	e of Person	Ar	ea Code	Daytime Telephon	e Number		
Enclose	d is a check for th	he following amount	:					
■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status			(additional copy is enclosed) Certified Copy		Certificate of Status &			
Mailing Address New Filing Section Division of Corporations P.O. Box 6327				Street Address	vísion			
				New Filing Section Di The Centre of Tallaha				
			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION

OF

LYNNE GOLOB GELFMAN LEGACY PROJECT, LLC

Pursuant to Section 605.0201 of the Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

ARTICLE I - NAME

The name of the limited liability company is LYNNE GOLOB GELFMAN LEGACY PROJECT, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 9401 Kerwood Court, Coral Gables, Florida 33156.

ARTICLE III - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the limited liability company in the State of Florida shall be 9401 Kerwood Court, Coral Gables, Florida 33156. The name of the initial Registered Agent of the limited liability company at the above address shall be Daniel E. Gelfman.

ARTICLE IV - DURATION

The period of duration for the limited liability company is perpetual.

ARTICLE V - INITIAL MANAGERS

The limited liability company shall be manager-managed and the initial managers shall be:

Daniel E. Gelfman Laura P. Gelfman Joshua G. Gelfman

NOW, THEREFORE, the undersigned authorized representative has hereunto his hand and seal this day of November. 2022.

Daniel E. Gelfman, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

Having been named registered agent and to accept service of process for Lynne Golob Gelfman Legacy Project, LLC at the place designated in the Articles of Organization, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent as provided for in Chapter 605, Florida Statutes.

By:

Daniel E. Gelfman, Registered Agent

SLUKE INRY OF STATE
TALLAHASSEF ELOPIN