2/1/23, 3;97 PM

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H23000042472 3)))



H230000424723ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALAN J. MARCUS, ATTORNEY AT LAW

Account Number : 120190000099 : (305)937-1800 : (305)937-1857 Phone Fax Number

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

Email Address: aatiram@qmail.com

FLORIDA LIMITED LIABILITY CO. 1500 DIPLOMAT PKWY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Se Division of Co					
CHRIC	1500 DIPI CT:	OMAT PKWY, LLO	•• •			
SOBJE,	C1	Name	of Lit	nited Liabi	lity Company	
The enc	losed Articles of	f Organization and fee	2(5) at	e submitte	d for filling.	
Please r	eturn all corresp	ondence concerning t	his m	atter to the	following:	
	ALAN J. M	ARCUS				
		· · · · · · · · · · · · · · · · · · ·		Name o	f Person	,
	ALAN J. M	ARCUS, ATTORNE	Y AT	LAW		
				Firm'C	ompany	
	20803 BISC	AYNE BOULEVAR	D, SU	JITE 301		
				Add	ress	
	AVENTUR.	A, FL 33180				
			C	'ity/State a	id Zip Code	1
	aatiram@gm:				amual report notificat	
For furthe		n-man address, (to be oncerning this matter.			annuai report normeat	1011)
	ALAN J. MA	ARCUS	30	05	937-1800	
		ne of Person			_) Daytime Telephor	
Enclose	d is a check for t	he following amount:				
■ \$125.	00 Filing Fee	□\$130,00 Filing I Certificate of Stan	ee & 18	Certit	(5.00 Filing Fee & ied Copy (al copy is enclosed)	□\$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

From: PATRICIA ST. MACARY Fax: 18506599382

To: 8506176381@att.rclax.com Fax: (850) 617-6381

Page: 6 of 7

02/08/2023 4.53 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1500 DIPLOMAT PKWY, 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:

remeipai Office Address:	<u>Mailing Address:</u>
17555 COLLINS AVENUE, PH-1	17555 COLLINS AVENUE, PH-1
SUNNY ISLES BEACH, FL 33160	SUNNY ISLES BEACH, FL 33160

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:

Datasia at (ACC) and de-

TIRAM, AARON		
Na	me	
17555 COLLINS AVENU	UE. PH-1	
Florida street address (P.	O. Box <u>XOT</u> a	cceptable)
SUNNY ISLES BEACH	FI.	33160
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.,



Page: 7 of 7 02/08/2023 4:53 PM

A	RT	16	•	1 1	7	IV

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

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	TIRAM, AARON	
	17555 COLLINS AVENUE PH-I SUNNY ISLES BEACH, FL 33160	
	20/33 F 18/13/2 (17/13/14/14/23/100	
		
		
		
(11)		
(Use attachment if necessary)		
(Use attachment if necessary)		
TCLE V: Effective date, if other than the date	e of filing:	L)
TCLE V: Effective date, if other than the date of effective date is listed, the date must be specified.	e of filing:	L) to or 90 days i
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior	to or 90 days i
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days i
ICLE V: Effective date, if other than the date is listed, the date must be spate of filing.) If the date inserted in this block does not locument's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days i
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days i
ICLE V: Effective date, if other than the date is listed, the date must be spate of filing.) If the date inserted in this block does not locument's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days s
ICLE V: Effective date, if other than the date is effective date is listed, the date must be spate of filing.) If the date inserted in this block does not ocument's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days s
ICLE V: Effective date, if other than the date is listed, the date must be spate of filing.) If the date inserted in this block does not locument's effective date on the Department	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days i
ICLE V: Effective date, if other than the date offective date is listed, the date must be spate of filing.) If the date inserted in this block does not occurrent's effective date on the Department ICLE VI: Other provisions, if any.	pecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this date	to or 90 days s
ICLE V: Effective date, if other than the date of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date t of State's records.	will not be list
ICLE V: Effective date, if other than the date of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a method of the date of the d	meet the applicable statutory filing requirements, this date t of State's records.	will not be list
ICLE V: Effective date, if other than the date in effective date is listed, the date must be spate of filing.) If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the decument is executed an aware that any fals	meet the applicable statutory filing requirements, this date tof State's records. The matter of an authorized representative of a member.	will not be list
ICLE V: Effective date, if other than the date of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the decument is executed and any fals.	meet the applicable statutory filing requirements, this date t of State's records. Tember or an authorized representative of a member. Stated in accordance with section 605,0203 (1) (b), Florida section submitted in a document to the Department of the following refelony as provided for in s.817.155, F.S.	will not be list
ICLE V: Effective date, if other than the date of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic date of the decument is executed and any fals.	meet the applicable statutory filing requirements, this date t of State's records. Dember or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Floridasse information submitted in a document to the Department of the following provided for in s.817.155, F.S.	will not be list

Filing Fees:

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