

L23000149240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
APR - 3 2023

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2023 MAR 22 AM 11:26

SECTION 7 DEPT. OF
RECORDS & ADMIN.

RECEIVED

2023 MAR 22 AM 10:33

ALLAHASSEE, FL GOV.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2023

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: CONCORDE ESTATE HOLDINGS, LLC
Ref. Number: W23000039345

We have received your document for CONCORDE ESTATE HOLDINGS, LLC.
However, the document has not been filed and is being returned for the following:

The registered agent designated must be an active Florida entity or a foreign
entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850)
245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 023A00006659

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2023 MAR 30 AM 9:50
ALLAHAMSE

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/22/2023

Acc#I20160000072

Handwritten signature

Name:	Concorde Estates Holdings, LLC
Document #:	
Order #:	14848000

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

v.cruz@concordeestatescdd.org

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Concorde Estates Holdings, 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:

2906 Busch Lake Blvd

SAME

Tampa, FL 33614

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:

Avid Property Management, Inc.

Name

2906 Busch Lake Blvd

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL

33614

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FL

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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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Lerner Real Estate Advisors, Inc.

210 N. University Dr., Suite 720

Coral Springs, FL 33071

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TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE 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 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.

Aveirino Vique

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)