

L23000245266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

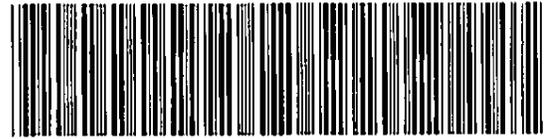
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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23 MAY 18 PM 9:36  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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2023 MAY 18 PM 1:14  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160 \$ **125.00**

Authorization Signature: *Janet Kull*

2635 NW 36 Street Lenders, LLC

Business Name

Doc. #

Certified Copy of Articles of Organization

Certificate of Status

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Officer/Director
- Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

**AMENDMENTS**

- Amendment
- Resignation of R.A.
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

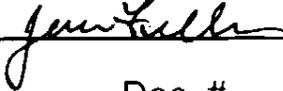
Country

FILED  
23 MAY 18 PM 3:56  
STATE OF FLORIDA  
TALLAHASSEE

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160 \$ 125.00

Authorization Signature: 

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Business Name

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**EXAMINER'S INITIALS:** \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 2635 NW 36 Street Lenders, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Diamond  
Name of Person  
Keith D. Diamond, P.A.  
Firm/Company  
3440 Hollywood Blvd, Suite 415  
Address  
Hollywood, Florida 33021  
City/State and Zip Code  
keithdiamond2@aol.com  
E-mail address: (to be used for future annual report notification)

23 MAR 18 PM 9:36  
SUBMITTED TO THE  
TALLAHASSEE DIVISION

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For further information concerning this matter, please call:

Keith Diamond 954 618-1008  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2635 NW 36 Street Lenders, 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:

3440 Hollywood Blvd  
Suite 415  
Hollywood, Florida 33021

3440 Hollywood Blvd  
Suite 415  
Hollywood, Florida 33021

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:

Keith D. Diamond, P.A.  
Name

3440 Hollywood Blvd, Suite 415  
Florida street address (P.O. Box NOT acceptable)

Hollywood Florida 33021  
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..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

Keith Diamond  
3440 Hollywood Blvd, Suite 415  
Hollywood, Florida 33021

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

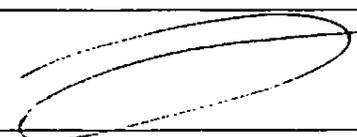
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

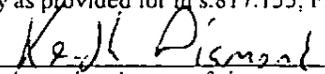
\_\_\_\_\_  
\_\_\_\_\_

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2018 MAR 18 PM 9:36  
TAMPA, FLORIDA

**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.

  
\_\_\_\_\_  
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)