

L23000256719

Florida Department of State  
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.

((H23000192738 3)))



H230001927383ABC2

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 : STEARNS WEAVER MILLER WEISSLER ALMADEFF & SITTERSON  
Account Number : I20060000135  
Phone : (305)789-3200  
Fax Number : (305)789-4137

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

Email Address: elaine.santiago@cornerstonegrp.com

FLORIDA LIMITED LIABILITY CO.  
BROOKSTONE 805 FLAGLER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED  
2023 MAY 25 PM 2:11  
CORPORATIONS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

FLORIDA  
STATE  
CORPORATION

2023 MAY 25 PM 12:04

ED



**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

Jorge Lopez  
2100 Hollywood Blvd.  
Hollywood, FL 33020

MGR

Leon J. Wolfe  
2100 Hollywood Blvd.  
Hollywood, FL 33020

MGR

Mara S. Mades  
2100 Hollywood Blvd.  
Hollywood, FL 33020

\_\_\_\_\_

\_\_\_\_\_

(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 of 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.

Leon J. Wolfe  
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)

2023 MAR 2 - PM 12:05  
STATE OF FLORIDA