

123 000 303985

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.

((H23000224147 3))



H230002241473ABCZ

**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 : TAX COUNSEL, PLLC  
Account Number : I20210000011  
Phone : (305)907-5540  
Fax Number : (305)907-5437

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

Email Address: andrea@taxcounselus.com

FLORIDA LIMITED LIABILITY CO.  
WOODMONT RESIDENCES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED  
2023 JUN 23 PM 12:23  
CORPORATIONS  
COMMERCIAL  
SERVICES

2023 JUN 23 PM 12:11  
STATE  
SECRETARY  
TALLAHASSEE, FL

FILED

(((H23000224147 3)))

**ARTICLES OF ORGANIZATION  
OF  
WOODMONT RESIDENCES, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is Woodmont Residences, LLC ("Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
7401 Corkwood Ter  
Tamarac, FL 33321

Mailing Address:  
7401 Corkwood Ter  
Tamarac, FL 33321

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Tax Counsel, PLLC  
999 Ponce de Leon Blvd., Ste. 720  
Coral Gables, FL 33134

*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.*

  
\_\_\_\_\_  
Tax Counsel, PLLC  
By: Andrea Aguilar, Authorized Representative

**ARTICLE IV - MANAGERS OR MEMBERS**

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

(((H23000224147 3)))

FILED  
2023 JUN 23 PM 12:11  
TALLAHASSEE, FL

((H23000224147 3)))

Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

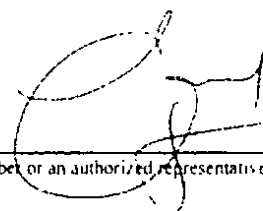
Name and Address:

Barczapol LLC

999 Ponce de Leon Blvd., Ste. 720

Coral Gables, FL 33134

**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.

Andrea Aguilar, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signer

**FILED**  
2023 JUN 23 PM 12:11  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

((H23000224147 3)))