6/26/23, 9:19 AM

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.

(((H23000225902 3)))



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 : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: TIMB@MH2G.COM

FLORIDA LIMITED LIABILITY CO.

11391 NW 37th Place LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu Corporate Filing Menu



H23000225902

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: 11391 NW 37th Place LLC (Must end with 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: |
|--|--|
| 2930 N. Federal Highway Fort Lauderdale, FL 33306 | 2930 N. Federal Highway Fort Lauderdale, FL 33306 |
| Tott Lauderdale, FL 33300 | Fort Lauderdale, FE 33306 |

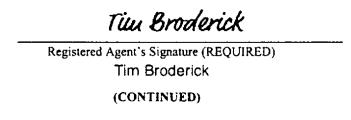
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

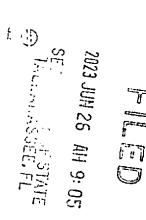
The name and the Florida street address of the registered agent are:

| Tim Broderick | |
|--------------------------------|---------------------|
| Na | me |
| 1541 Stillwater Drive | |
| Florida street address (P.O. E | Box NOT acceptable) |
| Miami Beach | FL 33141 |
| City | 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 1 of 2



H23000225902

| Title: | Name and Address: | |
|--|--|------------------------------|
| "AMBR" = Authorized Member "MGR" = Manager | | |
| MGR - Manager | Timothy Broderick | |
| | 1541 Stillwater Drive | |
| | Miami Beach, FL 33141 | |
| MGR | Cecilia Lorca | |
| | 1901 Brickell Avenue, Apt B1109 | |
| | Miami. FL 33129 | |
| MGR | Julissa Broderick | |
| | 1541 Stillwater Drive | |
| | Miami Beach, FL 33141 | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| (Ose anadminem ii necessary) | | |
| | specific and cannot be more than five business days prior | r to or 90 d |
| E VI: Other provisions, if any. | | to or 90 d |
| of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | Tim Broderick | to or 90 d |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | | ocument |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | Time Broderick member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this do nunder the penalties of perjury that the facts stated herein a conformation submitted in a document to the Department of the felony as provided for in s.817.155, F.S.) | ocument |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this do nunder the penalties of perjury that the facts stated herein a dinformation submitted in a document to the Department of the felony as provided for in s.817.155, F.S.) Timothy Broderick | ocument re true. State |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this do nunder the penalties of perjury that the facts stated herein a dinformation submitted in a document to the Department of the felony as provided for in s.817.155, F.S.) Timothy Broderick | ocument re true. State |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | Time Broderick member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this do number the penalties of perjury that the facts stated herein a information submitted in a document to the Department of e felony as provided for in s.817.155, F.S.) Timothy Broderick Typed or printed name of signee | ocument re true. State |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | Time Broderick member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this do number the penalties of perjury that the facts stated herein a information submitted in a document to the Department of e felony as provided for in s.817.155, F.S.) Timothy Broderick Typed or printed name of signee | ocument re true. State |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | Time Broderick member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this do n under the penalties of perjury that the facts stated herein a sufficient in a document to the Department of the felony as provided for in s.817.155, F.S.) Timothy Broderick Typed or printed name of signee | ocument re true. State |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false | member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this do nunder the penalties of perjury that the facts stated herein a dinformation submitted in a document to the Department of the felony as provided for in s.817.155, F.S.) Timothy Broderick | ocument re true. State |