

L23000387766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

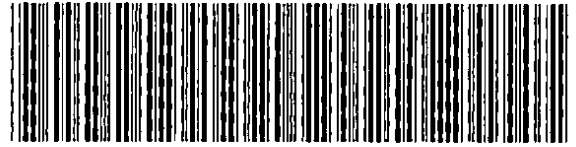
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED

2023 AUG 17 AM 10:46

ALLAHASSEE, FL 32001

2023 AUG 17 PM 4:16

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

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

Authorization Signature: _____  _____

NWL 7600 FISHER ISLAND LENDER, LLC

BUSINESS NAME

DOCUMENT #

__Certified Copy

__Certificate of Status

NEW FILINGS

__Profit Corp

__Not for Profit

_X_Limited Liability

__Domestication

__LLLP

__CORP

__Other

__Other

AMMENDMENTS

__Amendment

__Resignation of R.A. Officer/Director

__Change of Registered Agent

__Revocation of Dissolution

__Merger

__Articles of Conversion

__Restated Articles of Incorporation

__Statement of Authority

OTHER FILINGS

__Apostille

__Country

__Annual Report

__Fictitious Name

REGISTRATION/QUALIFICATIONS

__Foreign filing

__Reinstatement

__Qualification

__Other

EXAMINER'S INITIALS: _____


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___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: NWL 7600 Fisher Island Lender, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(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)

For further information concerning this matter, please call:

Keith Diamond

954

618-1008

at ()

Name of Person

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

2023.4.17 P: 4:16

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Keith Diamond

3440 Hollywood Blvd. Suite 415

Hollywood, Florida 33021

(Use attachment if necessary)

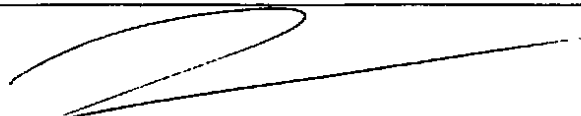
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

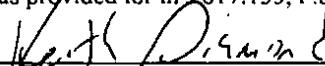
ARTICLE VI: Other provisions, if any.

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)

2023 Nov 17 PM 4:16