1278P1W0HJJ

(R	equestor's Name)	
(A	ddress)	
	ddress)	
(A	aaress)	
(C	ity/State/Zip/Phon	e #)
	☐ WAIT	MAIL
(B	Business Entity Na	me)
(0	Ocument Number)
	Cartioota	o of Status
Certified Copies	Certificate	s or Status
	570 080	
Special Instructions to	o Filing Officer	
٠		
•		

יני יני



900427620719

2024 MAY -1 AM 9: 47
SECRETARY OF STATE
TALLAHASSEE. FL

PECFIVED

2021 HAY -1 PM 2:46

FALLAHASSEE, FLORIL.

MIUNINALAUTT

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.my florida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 5/1/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1251661

ORDER ENTITY

THE JOEL MARCUS GROUP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

THE JOEL MARCUS GROUP LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

TARY OF STATE AHASSEE, FL



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, May 1, 2024 Page 1 of 1

COVERLETTER

TO:	New Filing Sec Division of Cor					
SUBJE		arcus Ciroup, I Le Name c	of Limited Liab	ility Company		
I ne enc	Rosed Articles of	Organization and fee	(s) are submitte	ed for filmg.		
Please r	eturn ail correspo	endence concerning th	nis matter to the	: following.		
	Joel Marcus					
	·· · -		Name (of Person		
	•		Firm/C	ompany		
	676 W Prosp	ect Road				
			Adi	fress		
	Fort Lauderd	lale, IT 33309				
	Jmarcusepa a	vahoo com	-	ind Zip Code	•	
	. 1	-mail address (to be	used for future	annual report notificat	ion)	
For furthe	r information coi	werning this matter, p	olease call:			
	Kaylyn Poirie		954 at (892-9468)		
	Name	t of Person	Area Code	Daytime Telephon	c Number	2021
Enclosed	d is a check for th	e tollowing amount			i. A	
■\$ 125.	00 Hiling Fee	U\$130.00 Filing F Certificate of Statu	s Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	LS160 00 Fill Certificate of SC Certified Copy (additional copy is	

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Lallahassee, Ft. 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, State 840 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

That I at Manna a C -	. 110				
The Joel Marcus Grou (Must contai	n the words "Limited I.	liability Company, "I	L.C" or "LLC.")		
ARTICUE II - Address: The mailing address and street add	ress of the principal of	ffice of the Limited Li	iability Company is:		
<u>Principal</u>	Office Address:		Mailing Addres	<u>s</u> :	
676 W Prospect Road		676 W	Prospect Road		
Fort Lauderdale, FL 32	(309)		auderdale, FI 33309		
another business entity with an act					
	Joel Marcus				
		Name			
	574 W Prospect Road				
	i lorida street address	(P.O. Box <u>NOT</u> acce	rptable)		
	Fort Lauderdale	Florida	33309		
	City	State	Zip		
Having been named as registered agg place designated in this certificate, I i hirther agree to comply with the prov am jamiliar with and accept the oblig	hereby accept the appo wions of all statutes rel	intment as registered stating to the proper and strength as progistered agent as p	agent and agree to act in id camplete performance : provided for in Chapter to	this capacity of	
		1/1		>	•
	ı				
	•	(CONTINUED)		PHAY - I AH 9: 47	

4	RTI	C1	E 1	13.

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

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager	
MGRM	Joel Marcus
	676 W Prospect Road
	Fort Lauderdale, FL 33309
N 44 N 7 N	
MBR	Ann Marie Marcus
	676 W Prospect Road Fort Lauderdale, FL 33309
	1 of Canderdale, 11. 51500
MBR	Larry Marcus
	676 W Prospect Road
	Fort Lauderdale, FL 33309
MBR	Fod Marcus
	676 W Prospect Road
	Fon Lauderdale, FL 33309
(Use attachment if necessary)	
effective date is listed, the date must te of filing.) . If the date inserted in this block doe	t be specific and cannot be more than five business days prior to or 90 days after a not meet the applicable statutory filing requirements, this date will not be listed as
effective date is listed, the date must te of filing.) If the date inserted in this block does in the Depart of t	t be specific and cannot be more than five business days prior to or 90 days after is not meet the applicable statutory filing requirements, this date will not be listed as
effective date is listed, the date must te of filing.) If the date inserted in this block does ocument's effective date on the Depar	t be specific and cannot be more than five business days prior to or 90 days after is not meet the applicable statutory filing requirements, this date will not be listed as
effective date is listed, the date must te of filing.) If the date inserted in this block does in the Depart of t	t be specific and cannot be more than five business days prior to or 90 days after is not meet the applicable statutory filing requirements, this date will not be listed as riment of State's records.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any, SYMENTS REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 days after its not meet the applicable statutory filing requirements, this date will not be listed as riment of State's records.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any. STMENTS REQUIRED SIGNATURE: Signature of this document is	of a member or an authorized representative of a member.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any, STMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an	of a member or an authorized representative of a member, executed in accordance with section 608 0203 (1) (b). Florida Statutes, is false information submitted in a document of Statutes.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any, STMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an	of a member or an authorized representative of a member, executed in accordance with section 605 0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any. STMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an constitutes a third.	of a member or an authorized representative of a member, executed in accordance with section 608 0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, U.S.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any, STMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an	of a member or an authorized representative of a member, executed in accordance with section 608 0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of Stage degree felony as provided for in s.817.155, U.S.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any. STMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an constitutes a third.	of a member or an authorized representative of a member, executed in accordance with section 608 0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, U.S.
effective date is listed, the date must te of filing.) If the date inserted in this block doe ocument's effective date on the Depar CLE VI: Other provisions, if any. STMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an constitutes a third.	of a member or an authorized representative of a member. executed in accordance with section 605 0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, U.S. Typed or printed name of signed.
REQUIRED SIGNATURE: Signature of this document's effective date on the Department's EMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an constitutes a third Joel Marcu	Is not meet the applicable statutory filing requirements, this date will not be listed as riment of State's records. If a member or an authorized representative of a member, executed in accordance with section 608 0203 (1) (b). Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, U.S. Typed or printed name of signee Filing Fees:
REQUIRED SIGNATURE: Signature of filing am aware that an constitutes a third Joel Marcu \$125.00 Filing Fee for Articles	of a member or an authorized representative of a member. executed in accordance with section 605 0203 (1) (b). Florida Statutes, of fallowing false information submitted in a document to the Department of Stage degree felony as provided for in s.817.155, U.S. Filing Fees: of Organization and Designation of Registered Name 1.
REQUIRED SIGNATURE: Signature of filing date in this block does occurred in the Depart CLE VI; Other provisions, if any, STMENTS REQUIRED SIGNATURE: Signature of this document is I am aware that an constitutes a third local Marcu S125.00 Filing Fee for Articles S 30.00 Certified Copy (Option	Is not meet the applicable statutory filing requirements, this date will not be listed as riment of State's records. If a member or an authorized representative of a member, executed in accordance with section 608 0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. I speed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent nat)
REQUIRED SIGNATURE: Signature of filing am aware that an constitutes a third Joel Marcu \$125.00 Filing Fee for Articles	Is not meet the applicable statutory filing requirements, this date will not be listed as riment of State's records. If a member or an authorized representative of a member, executed in accordance with section 608 0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. I speed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent nat)

ARTICLE IV-

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

CLE VI: Other provisions, if any. **STMENTS **SIGNATURE: **Signature of a metaber or an authorized representative of a member. This document is everyted in accordance with section 605.0205 (1) (b). Florida State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a focument to the Department of State I am aware that any false information submitted in a focument to the Department of State I am aware that any false information submitted in a focument to the Department of State I am aware that any false information submitted in a focument to the Department of State I am aware that any false information submitted in a focument to the Department of State I am aware that any false information submitted in a focument of the Department of State I am aware that any false information submitted in a focument for the Department of State I am aware that any false information and Designation of Registered Agent S 30.00 Certified Copy (Optional)	Title:	ato action to the action	Same and Address:
(Use attachment of necessary) CLE V: Effective date, if other than the date of filing		****	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing. effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after to of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as element's effective date on the Department of State's records. CLE VI: Other provisions, if any. STMENTS REOURED SIGNATURE: Signature of a member or an authorized representative of a member. Initial document is executed in accordance with section 605.0205 (1) (b). Florida State and a naware that any false information submitted in a document to the Department of April 200 (1) (b). The day of the constitutes a third degree felony as provided for in s.817.155, F.S. Joel Marcus Typed or printed name of signee Elling Fees: S125.00 Eiling Fee for Articles of Organization and Designation of Revisered April	SICIN VIII	ager	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing. effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after to of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as element's effective date on the Department of State's records. CLE VI: Other provisions, if any. STMENTS REOURED SIGNATURE: Signature of a member or an authorized representative of a member. Initial document is executed in accordance with section 605.0205 (1) (b). Florida State and a naware that any false information submitted in a document to the Department of April 200 (1) (b). The day of the constitutes a third degree felony as provided for in s.817.155, F.S. Joel Marcus Typed or printed name of signee Elling Fees: S125.00 Eiling Fee for Articles of Organization and Designation of Revisered April	MBR		Cheryl Russian
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing. effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after to of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as element's effective date on the Department of State's records. CLE VI: Other provisions, if any. STMENTS REOURED SIGNATURE: Signature of a member or an authorized representative of a member. Initial document is executed in accordance with section 605.0205 (1) (b). Florida State and a naware that any false information submitted in a document to the Department of April 200 (1) (b). The day of the constitutes a third degree felony as provided for in s.817.155, F.S. Joel Marcus Typed or printed name of signee Elling Fees: S125.00 Eiling Fee for Articles of Organization and Designation of Revisered April			676 W Prospect Road
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			Fort Lauderdale, FL 33309
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing		. _	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			
CLE V: Effective date, if other than the date of filing			
CLE V: Effective date, if other than the date of filing			
CLE V: Effective date, if other than the date of filing			
CLE V: Effective date, if other than the date of filing. effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as accument's effective date on the Department of State's records. CLE VI: Other provisions, if any. SIMENTS REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0205 (1) (b). Florida State and a ware that any false information submitted in a document to the Department of the Depart			
CLE V: Effective date, if other than the date of filing. effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as accument's effective date on the Department of State's records. CLE VI: Other provisions, if any. SIMENTS REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0205 (1) (b). Florida State and a ware that any false information submitted in a document to the Department of the Depart			
CLE V: Effective date, if other than the date of filing. effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as accument's effective date on the Department of State's records. CLE VI: Other provisions, if any. SIMENTS REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0205 (1) (b). Florida State and a ware that any false information submitted in a document to the Department of the Depart			
CLE V: Effective date, if other than the date of filing. effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as accument's effective date on the Department of State's records. CLE VI: Other provisions, if any. SIMENTS REOURED 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 State of Lam aware that any false information submitted in a document to the Department of Experiments at third degree felony as provided for in s.817.155, F.S. Joel Marcus Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Appart	بينيم المراجع والمراجع المراجع		
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statution aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S. Joel Marcus Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents	CLE VI: Other pro	visions, if any,	tate's records.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statute I am aware that any false information submitted in a document to the Department of Approximates a third degree felony as provided for in s.817.155, F.S. Joel Marcus Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	31303813		
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	REOLIRED		<i>∮</i>
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		This document is executed in	er or an authorized representative of a member.
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		I am aware that any false info	rmation submitted in a document to the Dangara and A
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		constitutes a third degree feld	ony 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			Ø≺ -
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Joel Marcus	Z'C) 🐛 1
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Ty	ped or printed name of signee
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			72 8
\$ 30.00 Certified Copy (Optional)	\$125.00 6065	a Faa for Artist in 1880	Tilling Fores:
	\$ 30.00 Cam	ind Conv (Optional)	zation and Designation of Registered Agent
	\$ 5.00 Certi	ficate of Status (Optional)	