

L24000298903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

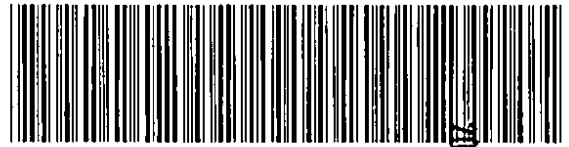
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100431199101

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JUL -8 AM 9:47

FILED

07/09/24--01604--006 \*\*130.00

RECEIVED

2024 JUL -8 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: MISTY 7/8

CERTIFIED COPY

XX PHOTOCOPY

XX CUS

XX FILING

GS

LLC

1. REDWOOD CP DEVELOPER IV, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**FILED**  
2024 JUL -8 AM 9:47  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** Redwood CP Developer IV, 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:

Valerie Zackschewski

Name of Person

BAS Holdings

Firm/Company

3921 Alton Road, Suite 439

Address

Miami Beach, FL 33140

City/State and Zip Code

valerie@bashholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Zackschewski

646

8315686

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

2024 JUL - 8 AM 9:47  
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Redwood CP Developer IV, LLC

(Must contain 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:

545 NW 26th Street

Suite 620

Miami, FL 33127

Mailing Address:

3921 Alton Road

Suite 439

Miami Beach, FL 33140

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:

Jeremy Ben-David, Esq

Name

3921 Alton Road, Suite 439

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach

FL

33140

City

State

Zip

CLERK OF STATE  
TALLAHASSEE, FL

2024 JUL -8 AM 9:47

FILED

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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/AMBR

Brian A. Sidman  
3921 Alton Road, Suite 439  
Miami Beach, FL 33140

MGR/AMBR

David Burstyn  
3921 Alton Road, Suite 439  
Miami Beach, FL 33140

MGR/AMBR

Eric Haynes  
3921 Alton Road, Suite 439  
Miami Beach, FL 33140

(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:**

*BAS*

**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.

Brian A. Sidman

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)

FILED  
2024 JUL -8 AM 9:47  
TALLAHASSEE FL