

L240000414265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

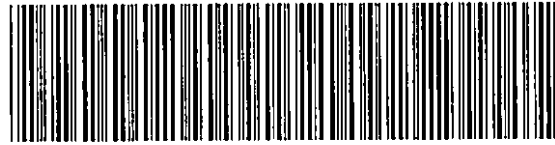
(Business Entity Name)

(Document Number)

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

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**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

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

**Authorization Signature:** 

**Business Name:** 5324 FISHER ISLAND DRIVE, LLC

**Document #**

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

&

**AMENDMENTS**

☐ Profit Corp

☐ Not for Profit

☒ **Limited Liability**

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Dissolution for LLC

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Correction

**APOSTILLE(s)**

&

**OTHER FILINGS**

Apostille(s)

Country(s)

Foreign Filing LLC

Reinstatement

Qualification

☐ Fictitious Name

☐ Annual Report

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EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: 120210000160: \$125.00

*JR Lee*  
Business Name: 5324 FISHER ISLAND DRIVE, LLC

Document #

☐ Certified Copy  
☐ Certificate of Status

NEW FILINGS

2

AMENDMENTS

☐ Profit Corp  
☐ S-Corp  
☒ Limited Liability  
Domestication  
☐ LLLP  
☐ Corp  
☐ Inc  
☐ Other

☐ Amendment  
☐ Restoration of Dissolution  
☐ Change of Registered Agent  
Dissolution for LLC  
☐ Merger  
☐ Articles of Conversion  
☐ Amended & Restated Articles of Incorporation  
☐ Statement of Correction

ARTICLES OF INCORPORATION

1

ARTICLES OF INCORPORATION

☐ Foreign Filing LLC  
☐ Reinstatement  
Qualification  
☐ Fictitious Name  
Annual Report

EXAMINER'S INITIALS:

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JACKSONVILLE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 5324 FISHER ISLAND DRIVE, 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:

Sandra Z. Green, Esq.,

Name of Person

Jonathan H. Green & Associates, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

SZG@JHGLAW.COM

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

For further information concerning this matter, please call:

Sandra Z. Green, Esq. 305 372-5100  
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

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TALLAHASSEE, FL  
STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5324 FISHER ISLAND DRIVE, 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:

Mailing Address:

242 NW LeJeune Road

4th Floor

Miami, Florida 33126

242 NW LeJeune Road

4th Floor

Miami, Florida 33126

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:

Jonathan H. Green & Associates, P.A.

Name

901 Ponce de Leon Boulevard, Suite 601

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

Coral Gables

Florida

33134

City

State

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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

LAG II FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
242 NW LeJeune Road, 4th Floor  
Miami, Florida 33126

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

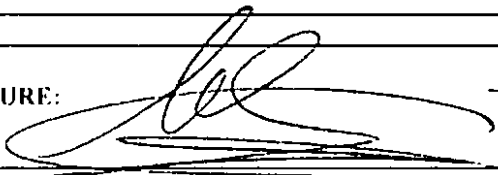
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used 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.

Sandra Z. Green, Esq.

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)

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