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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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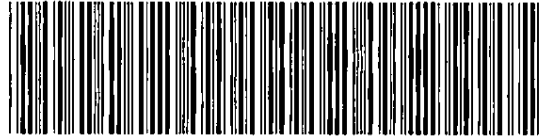
(Business Entity Name)

(Document Number)

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S. CHATHAM  
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SECRETARY OF STATE  
TALLAHASSEE, FL

# TIFFANY LAW

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TIFFANY OLIVER, ATTORNEY AT LAW

Phone: 772-444-5062

Email: [tiffany@tiffanylawfl.com](mailto:tiffany@tiffanylawfl.com)

October 31, 2024

To: Florida Department of State,  
Division of Corporations  
New Filing Section

P.O. Box 6327  
Tallahassee, FL 32314

Re: Check(s) For The Initial Filing of "535 and 537 Meadow Road 3, LLC"

Dear Florida Department of State, Division of Corporations,

Please see enclosed, the check and Articles of Incorporation for my client, Dexter H. Lee's limited liability company "535 and 537 Meadow Road 3, LLC."

Feel free to reach out to the undersigned with any questions or concerns you may have regarding this matter.

Respectfully,

By: /s/ Tiffany Oliver

**Tiffany Oliver, Esq.**

Florida Bar No. 1003337

*Attorney for Plaintiff*

TIFFANY LAW

17021 SW 64th Ct

Southwest Ranches, FL 33331

Telephone: (772) 444-5062

Email: [tiffany@tiffanylawfl.com](mailto:tiffany@tiffanylawfl.com)

**COVER LETTER**

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

**SUBJECT:** 535 and 537 Meadow Road 3 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:

Dexter H. Lee

Name of Person

535 and 537 Meadow Road 3 LLC

Firm/Company

7410 NW 11th Place

Address

Plantation, Florida 33313

City/State and Zip Code

dexterleeh@gmail.com

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

For further information concerning this matter, please call:

Dexter H. Lee

954

802-5511

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

535 and 537 Meadow Road 3 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:

7410 NW 11th Place, Plantation, FL 33313

7410 NW 11th Place, Plantation, FL 33313

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:

Dexter H. Lee

Name

7410 NW 11th Place

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

Plantation

Florida

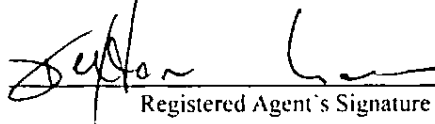
33313

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..*



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

Dexter H. Lee  
7410 NW 11th Place, Plantation, FL 33313

AMBR

The Dexter and Sherel Lee Trust d/u/a September 6, 2024  
7410 NW 11th Place, Plantation, FL 33313

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

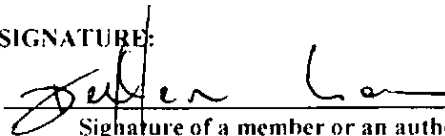
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Dexter H. Lee

\_\_\_\_\_  
Typed or printed name of signer

**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)