

LB4000492415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

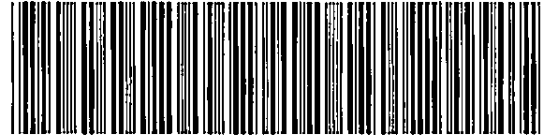
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FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$ 125.00

Authorization Signature: *[Signature]*

**240 NW 33 Street, LLC**

Business Name #Document

    Walk in

    Will wait

    Certified Copies of the Articles of Organization

    Certificate of Status

**NEW FILINGS**

    Profit  
    Not for Profit  
  X   LLC  
    Domestication  
    INC  
  1   CORP  
    OTHER

**AMENDMENTS**

    Amendment  
    Resignation of R.A.  
    Change of Registered Agent  
    Dissolution/Withdrawal  
    Conversion  
    Statement of FACT  
    Merger

STATE  
TALLAHASSEE, FL

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**OTHER FILINGS**

    Annual Report  
    Fictitious Name  
    Statement of Authority  
    APOSTIL             
                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

    Foreign Filing  
    Partnership  
    Reinstatement  
    CORRECTION for a Foreign LLC  
    Domestication of a Foreign Corp.  
               Other

EXAMINER'S INITIALS:

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EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 240 NW 33 Street, 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:

David M. Bauman

Name of Person

Law Offices of David M. Bauman PLLC

Firm/Company

6550 N Federal Hwy Suite 220

Address

City/State and Zip Code

Fort Lauderdale, FL 33308

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

For further information concerning this matter, please call:

ALISHA EZELL

954

274-5796

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

240 NW 33 Street, 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:

6550 N Federal Highway

Suite 220

Ft. Lauderdale, FL 33308

Mailing Address:

6550 N Federal Highway

Suite 220

Ft. Lauderdale, FL 33308

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:

LAW OFFICES OF DAVID M. BAUMAN PLLC

Name

6550 N FEDERAL HWY STE 220

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

FT. LAUDERDALE

FL

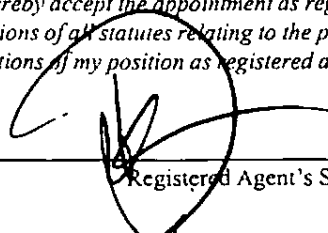
33308

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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

DAVID M. BAUMAN  
6550 N. FEDERAL HWY STE 220  
Ft. Lauderdale, FL 33308

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/22/2024 (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.

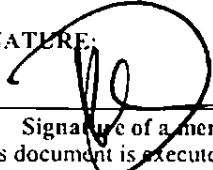
**ARTICLE VI:** Other provisions, if any:

Any and all legal business

\_\_\_\_\_

\_\_\_\_\_

**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.

David M. Bauman

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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CLERK OF STATE  
FILE

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