L1400052423

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sounds Linky Harrey
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

Please Debit FCA000000003 For: 125 Thank you Seth Neeley Art of Inc. File LTD Partnership File Froeign Corp. File LC. File Fictitious Name File Trade/Service Mark Merger File Ant. of Amend. File RA Resignation Dissolution / Withdrawai) Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Ficitious Name Corp. Record Scarch Officer Search Fictitious Owner Search Fictitious Owner Search Fictitious Owner Search Driving Record Name Date Time UCC 11 Search	LG POPS EDGE	WATER LLC	-' - ₁	7824.0	
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Vehicle Search	1	2/	Fictitious Search		
Vehicle Search	Simon	<u>/</u>	Fictitious Owner Search		
Requested by: UCC 1 or 3 File	Signature		Vehicle Search		
Requested by: UCC 1 or 3 File		- -			
Name Date Time UCC 11 Search	Requested by:				
Name Date Time					
	Name	Date Time			
Walk-In Will Pick Up Courier	•		Courier		

COVER LETTER

10.	Division of Corporations		
SUBJE	LG POPS EDGEWATER LLC		
30000		mited Liability Company	
The enc	losed Articles of Organization and fee(s) a	re submitted for filing.	. 2
Please re	eturn all correspondence concerning this π	natter to the following:	1.5
	Jorge Lerman		
		Name of Person	·,
	Lerman Realty Group Inc.		; ; ; ;
		Firm/Company	57
	19790 West Dixie Highway PH 2		
	<u> </u>	Address	
	Aventura, FL 33180		
	Jorge@Lermangroup.com	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further	r information concerning this matter, pleas	e call:	
	Jorge Lerman 30	05 342-1924 .)	
	Name of Person A	rea Code Daytime Telephone Number	_
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\frac{130.00}{\text{Filing Fee & Certificate of Status}}	Certifica Copy Certifica (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
LG POPS EDGEWA (Must cont	TER LLC	Liability Company,	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad				
<u>Principa</u>	al Office Address:		Mailing Address:	202
19790 West Dixie Hy Aventura, FL 33180	wy PH 2) West Dixie Hwy PH 2 tura, FL 33180	727: [57]
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent. Y	d's Signature: Ou must designate an individual	
The name and the Florida street a	iddress of the registere	d agent are:		7
	Lerman Realty Grou	ip Inc.		
		Name		
	19790 West Dixie H			
	Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)	
	Aventura	Florida	33180	
	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..

/S/

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" =	Authorized Member	Name and Address:	
"MGR" = M	fanager		
MGR		Jorge Lerman	
		19790 West Dixie Hwy PH 2	
MGR		Benjamin Lerman	
		19790 West Dixie Hwy PH 2	
MGR		Stacy Lerman Greene	
	_	Stacy Lerman Greene 19790 West Dixie Hwy PH 2	
			 .
E V: Effectiv	nent if necessary) we date, if other than the date listed, the date must be so	of filing: (OPTIONA	L)
E V: Effective date is of filling.) the date insement's effecti	ve date, if other than the date listed, the date must be spe	ecific and cannot be more than five business days prior	to or 90 da
E V: Effective date is of filing.) the date insenent's effective VI; Other p	we date, if other than the date listed, the date must be spe rted in this block does not m ive date on the Department	ecific and cannot be more than five business days prior	to or 90 da
E V: Effective date is f filing.) the date insenent's effective VI: Other p	ve date, if other than the date listed, the date must be sported in this block does not π ive date on the Department or provisions, if any.	ecific and cannot be more than five business days prior	to or 90 da
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of State of Sta

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)