

11/30/21, 4:34 PM

**L21000506509**  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ALAN J. MARCUS, ATTORNEY AT LAW  
Account Number : I2019000099  
Phone : (305)937-1800  
Fax Number : (305)937-1857

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dbaumgard@lma-re.com

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2021 NOV 30 PM 1:38

FILED

FLORIDA LIMITED LIABILITY CO.  
DB POWERS POINTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** DB POWERS POINTE, 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:

ALAN J. MARCUS  
Name of Person

ALAN J. MARCUS, ATTORNEY AT LAW  
Firm/Company

20803 BISCAYNE BOULEVARD, SUITE 301  
Address

AVENTURA, FL 33180  
City/State and Zip Code

DBaumgard@jima-re.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>ALAN J. MARCUS</u>	<u>305</u>	<u>937-1800</u>
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:

DB POWERS POINTE, 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:**

2151 S. Le Jeune Road  
Suite 202  
Coral Gables, FL 33134

**Mailing Address:**

2151 S. Le Jeune Road  
Suite 202  
Coral Gables, FL 33134

**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.)

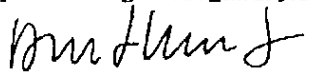
The name and the Florida street address of the registered agent are:

ALAN J. MARCUS  
Name

20803 BISCAYNE BOULEVARD, SUITE 301  
Florida street address (P.O. Box NOT acceptable)

AVENTURA                      FL                      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.*



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

BAUMGARD, DANIEL  
2151 S. Le Jeune Road, Suite 202  
Coral Gables, FL 33134

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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.

DANIEL BAUMGARD

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)
- 1 5.00 Certificate of Status (Optional)