



City of Pompano Beach
Department of Development Services
Planning & Zoning Division

P&Z#: 25-17000007

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4679 Fax: 954.786.4666

Development Application

Project Type: Special Exceptions

Submission #: SPEX-2025-15

Site Data

Project Name:	1660 SW 13th Court - Outdoor Storage	Size of property:	127523.0
Street Address:	1660 SW 13th Court Pompano Beach, FL 33069	Number of units (Residential):	0.0
Folio Number(s):	494203000646	Total square feet of the building* (Non-Residential):	18000.0
Project Narrative:	Special Exception for Outdoor Storage as a Principal Use		

Applicant		Landowner (Owner of Record)	
Name:		Business Name (if applicable):	
Arianna Samuel		1660 SW 13 POMPARNO LLC	
Title:		Print Name:	
Planning Analyst		Matt Perlmutter	
Street Address:		Street Address:	
301 E Atlantic Blvd		4800 Hampden Lane, Suite 420	
Mailing Address City/ State/ Zip:		Mailing Address City/ State/ Zip:	
Pompano Beach	FL 33060	Bethesda	Maryland 20814
Phone Number:		Phone Number:	
954-443-0498		301-502-2412	
Email:		Email:	
asamuel@KEITHteam.com		mperlmutter@jadianios.com	

ePlan agent (if different):

Name of ePlan agent:	
Email of ePlan agent:	
Phone Number of ePlan agent:	



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Owner's Certificate
Special Exceptions

OWNER'S CERTIFICATE

SPEX-2025-15

This is to certify that:

- I am the owner of the property, or
- I am authorized by the owner of the property to submit this application on their behalf and (if I am not the owner of the property) I will submit documentation that confirms my authority.

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application.

By signing below, I agree that if the proposed development is found not in compliance with the applicable standards and minimum requirements of this Code then no building permit will be issued until those conditions the Development Services Director finds reasonably necessary to ensure compliance are met.

By signing below, I acknowledge that development applications must have a determination by the governing municipality of approved, approved with conditions, or denied within 120 days from a complete submittal for projects that do not require final action through a quasi-judicial hearing or a public meeting and within 180 days from a complete submittal for projects that do require final action through a quasi-judicial hearing or a public meeting per FL Stat § 166.033 and the Pompano Beach Code Section 155.2303.F.3. It is the responsibility of the applicant to receive all final Development Orders and receive this determination within the allotted timeframe. If the applicant fails to resubmit an application within 30 calendar days after being first notified of deficiencies of the submittal, the application shall be considered withdrawn and a \$100 non-refundable administrative fee will apply (155.2303.F.2.b). Additionally, if all required approvals are not received within the allotted timeframe the application will automatically be denied unless both the City and the applicant agree to an extension of time (155.2303.I).

By signing below, I acknowledge that lying or misrepresentation in the application can lead to revocation. (155.8402. B. *Revocation of Approval*).

Name: Mike Amodio 06/17/2025

Signature: Mike Amodio



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Officer/Registered Agent Name](#) /

Detail by Officer/Registered Agent Name

Florida Limited Liability Company
1660 SW 13 - POMPANO LLC

Filing Information

Document Number	L25000008385
FEI/EIN Number	NONE
Date Filed	01/07/2025
State	FL
Status	ACTIVE

Principal Address

4 STAR POINT, SUITE 204
STAMFORD, FL 06902

Mailing Address

4 STAR POINT, SUITE 204
STAMFORD, FL 06902

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Authorized Person(s) Detail

Name & Address

Title AMBR

JC IOS HOLDCO I, LLC
4 STAR POINT, SUITE 204
STAMFORD, CT 06902

Annual Reports

No Annual Reports Filed

Document Images

[01/07/2025 -- Florida Limited Liability.](#)

[View image in PDF format](#)

6250000008385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

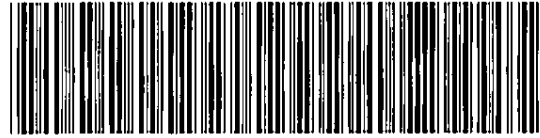
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600441841116

FILED

2025 JAN -7 AM 9:47

FLORIDA
TALLAHASSEE, FL

2025 JAN -7 PM 3:58



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 01/07/25
Order #: 1757557-1
Re: 1660 SW 13 - Pompano LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the routing stamp.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

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2025 JAN - 7 AM 9:47
TALLAHASSEE, FL

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

SUBJECT: 1660 SW 13 - Pompano 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:

Alex Stahl	
Name of Person	
c/o Jadian Capital	
Firm/Company	
4 Star Point, Suite 204	
Address	
Stamford, CT 06902	
City/State and Zip Code	
astahl@jadianios.com	
E-mail address: (to be used for future annual report notification)	

FILED

2025 JAN -7 AM 9:47
TALLAHASSEE FL
STATE

For further information concerning this matter, please call:

Killian O'Brien	240	672-2324
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

1660 SW 13 - Pompano 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:

4 Star Point, Suite 204

Stamford, CT 06902

Mailing Address:

4 Star Point, Suite 204

Stamford, CT 06902

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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.

Corporation Service Company

By

Shauna Godbolt

(CONTINUED)

2025 JAN -7 AM 9:47
TALLAHASSEE, FL

FILED

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:

AMBR

JC IOS HOLDCO I, LLC

4 Star Point, Ste 204

Stamford, CT 06902

(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.

Brian Ashin, Authorized Person

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)

FIN-80976

FILED
2025 JAN -7 PM 9:47
CLARK COUNTY, FLORIDA
STATE

EXECUTION VERSION

**CONSENT OF THE SOLE MEMBER OF
1660 SW 13 – POMPANO LLC**

June 26, 2025

The undersigned, being the sole member (the “**Sole Member**”) of 1660 SW 13 – POMPANO LLC, a Florida limited liability company (the “**Company**”), does hereby consent to and adopt the following actions (and no others unless expressly stated herein), by unanimous written consent in lieu of a meeting:

WHEREAS, the Company wishes to add Daniel Schuchinsky as its authorized signatory;

WHEREAS, JIOS Investment Manager, LP, a Delaware limited partnership, in its capacity as manager of JC IOS Aggregator I, LLC, a Delaware limited liability company, in its capacity as managing member of the Sole Member of the Company wishes to approve Daniel Schuchinsky as an authorized signatory of the Company.

NOW, THEREFORE, IT IS:

RESOLVED, that effective as of the date hereof, Daniel Schuchinsky is hereby approved as an authorized signatory of the Company (the “**Authorized Signatory**”) and to serve in such capacity until such individual resigns or is removed by the Sole Member; and

RESOLVED, that the Authorized Signatory is hereby authorized, empowered and directed to enter into, execute and deliver on behalf of the Company, any documents related to the Property; and

FURTHER RESOLVED, that the execution of this written consent and delivery thereof by facsimile or electronically transmitted signature shall be sufficient for all purposes and shall be binding upon any party who so executes and delivers.

[Signature Page Follows]

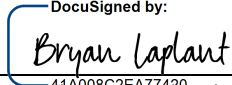
IN WITNESS WHEREOF, the undersigned Sole Member has duly executed this written consent to be effective as of the date first written above.

SOLE MEMBER:

JC IOS HOLDCO I, LLC,
a Delaware limited liability company

By: JC IOS Aggregator I, LLC,
a Delaware limited liability company,
its managing member

By: JIOS Investment Manager, LP,
a Delaware limited partnership,
its manager

By: 
Bryan Laplant, Authorized Signatory