· -	uestor's Name John St # 206 Address Lip Phone #	Office Use Only
CORPORATION 1	NAME(S) & DOCUMENT N	JMBER(S), (if known):
2. (Corpc		(Document #) (Document #)
4(Corpo	ration Name)	(Document #)
Walk in Mail out	Pick up time Photocopy	10003090011—1 -01/06/00—01013—013 *****125.00 ****125.00 Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS.	
Profit	Amendment	10000309ŒW119-1
NonProfit	Resignation of R.A., Officer/D	1 A 100 100 100 100 100 100 100 100 100
Limited Liability Change of Registered Agent		
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	9: 14 9: 14 RECEIVEL ORIDA OO JIN -6 M 9: DIVISION OF CORPORATIA
	Trademark	
	Other	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES I - Name:

The name of the Limited Liability Company is:

Lemon Street Plaza, LC

ARTICLES II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

460 Lemon Street

Tarpon Springs FL

34689

ARTICLES III - Duration:

The period of duration for the Limited Liability Company shall be:

and address(es) of the managing member(s) is/are:

Thirty years

ARTICLES IV - Management:

(check and complete the appropriate statement)

		ager(s) who is/are to ser				
Greg Jung,	Member Manager	460 Lemon Street	Tarpon Springs	FL	TALLAHASSEE, FL	4689 DO JAN -6 AM
☐ The Limi	ited Liability Company i	s to be managed by the r	nembers and the nan	nes(s)	25 25 25 25 25 25 25 25 25 25 25 25 25 2	9:

Greg Jung, Member

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes as affirmation under the penalties of perjury that the facts stated herein are true.

. CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

	Lemon Street Plaza, LC			
2.	The name and address of the registered agent and office is:	SECRETAI TALLAHAS	00 JAN6	APP F-/-
	Greg Jung Name	SEE" L'OH	5 AM 9:	
	460 Lemon Street (P.O. Box not acceptable	A STATE OF THE STA	Series and	··· · · · · ·

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.

Tarpon Springs FL 34689

Greg Jung, Member Manager
(Signature)
(Date)