

01000004440

CAPITAL CONNECTION INC.

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

Lake Placid Foliage LLC

500003893195
-03/23/01--01001--003
****125.00 ****125.00

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

3/22

FILED

01 MAR 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

01 MAR 22 PM 3:13
DIVISION OF CORPORATION

2p

Signature

Requested by:

KC 3/22

Name Date Time

Walk-In Will Pick Up

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE PLACID FOLIAGE LLC

ARTICLE II - Address:

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

LAKE PLACID FOLIAGE LLC

Street: LAKE PLACID FOLIAGE LLC

P. O. BOX 948

411 State Road 70 East

LAKE PLACID, FL 33862

LAKE PLACID, FL 33852

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mr. Bert Harris, Swaine, Harris, Sheehan PA

425 South Commerce Avenue

Attorney's At Law

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

Sebring FL 33870

City, State, and Zip

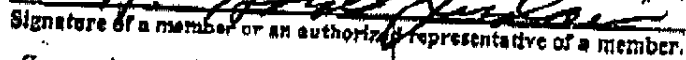
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standards 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 608, F.S.


Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

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

A. Harold Lindau

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

01 MAR 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED