

CAPITAL CONNECTION, INC.

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

L02000011638

LPIV, LLC

FILED
02 MAY 13 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400005507854-3
-05/14/02--01003--007
****155.00 ****155.00

- RECEIVED
02 MAY 13 PM 4:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
- ☐ 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

Signature _____

Requested by: _____

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: LPIV, LLC

ARTICLE II - Address:

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

Mailing Address/Street Address: 6439 SW 56 St., Miami, FL 33155

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

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

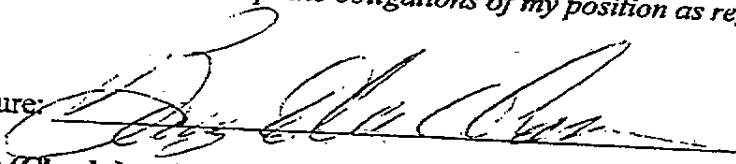
Name: Barry Oliver Chase, Esq.

Florida street address (P.O. Box NOT acceptable): 21 SE First Ave., Suite 700

City, State, and Zip: Miami, FL 33131

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 608, F.S.

Registered Agent's Signature:



Article IV - Management (Check box if applicable.)

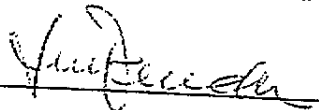
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(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.)

Signed or printed name of signee: LUCIA PEREDA, Member



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)

FILED
02 MAY 13 PM 2:10
RECORDING SECTION
TALLAHASSEE, FLORIDA