

L03 000013495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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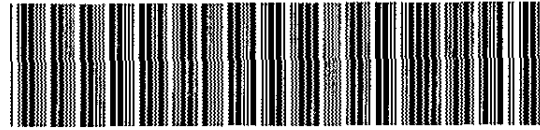
(Business Entity Name)

(Document Number)

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DIVISION OF CONSTRUCTION

L03-13495
CR

CAPITAL CONNECTION, INC.

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

Lori Drive LLC

- FILED
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OFFICE OF THE
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- ___ 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
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Signature

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Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 14, 2003

CAPTIAL CONNECTION

SUBJECT: LORI DRIVE, LLC
Ref. Number: W03000010637

We have received your document for LORI DRIVE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 903A00022370

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

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DIVISION OF CORPORATIONS

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03 APR 15 AM 11:55
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
LORI DRIVE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
5350 SPRING HILL DRIVE
SPRING HILL, FL 34606

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

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

PARIKSITH SINGH

Name

5350 SPRING HILL DRIVE

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

SPRING HILL

FL 34606

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 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

(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.)

PARIKSITH SINGH

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/23/16 PM 12:14

FILED