

L04000005459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

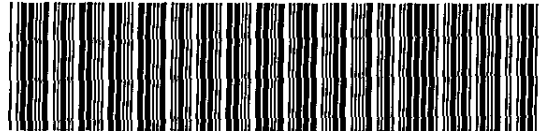
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
04 JAN 21 PM 12:46
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 JAN 21 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED
JAN 21 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- _____
- 2- Lighthouse Point Properties, Inc. _____
- 3- _____
- 4- _____

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR
LIGHTHOUSE POINT PROPERTIES, LLC
A FLORIDA LIMITED LIABILITY COMPANY

FILED
04 JAN 21 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of the limited liability company is LIGHTHOUSE POINT PROPERTIES, LLC.

ARTICLE II
ADDRESS

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

LIGHTHOUSE POINT PROPERTIES, LLC
8310 NW 4th Place
Gainesville, Florida 32607

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

PAUL WITHERSPOON, II
8310 NW 4th Place
Gainesville, Florida 32607

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.


PAUL WITHERSPOON, II

ARTICLE IV
MANAGEMENT

The limited liability company is to be managed by two (2) managers and is therefore a manager-managed company. The initial managers are: PAUL WITHERSPOON, II, 8310 NW 4th Place, Gainesville, FL 32607, and DEBRA REDFIELD, 8310 NW 4th Place, Gainesville, FL 32607.



PAUL WITHERSPOON, II




DEBRA REDFIELD

(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).



PAUL WITHERSPOON, II
8310 NW 4th Place
Gainesville, FL 32607



DEBRA REDFIELD
8310 NW 4th Place
Gainesville, FL 32607