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| Certified Copies        | Certificates      | of Status |
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| Special Instructions to | Filing Officer:   |           |
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| Address  City/State/Zip Phone #  | Office Use Only  MENT NUMBER(S). (if known):      |
|                                  | Office Use Only                                   |
| CORPORATION NAME(S) & DOCU       | MENT NUMBER(S), (if known):                       |
| 1 LJS Corporat                   | e Square UC                                       |
| (Corporation Name)               | (Document #)                                      |
| 2. (Corporation Name)            | (Document #)                                      |
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| 3. (Corporation Name)            | (Document #)                                      |
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| 4. (Corporation Name)            | (Document #)                                      |
| Walk in Pick up time             | Certified Copy                                    |
| Mail out Will wait               | Rhotocopy   |
| NEW DIT THE                      | AMENDMENTS  |
| NEW FILINGS                      |   |
| Profit Not for Profit            | Amendment Resignation of R.A., Officer/Director   |
| Limited Liability  Domestication | Change of Registered Agent Dissolution/Withdrawal |
| Other                            | Merger  |
| OTHER FILINGS                    | REGISTRATION/OUALIFICATION                        |
| Annual Report                    | Foreign   |
| ☐ Fictitious Name                | Limited Partnership                               |
|                                  | Reinstatement Trademark                           |
|                                  | Other   |
|                                  | Examiner's Initials                               |
| CR2E031(7/97)                    | Truming 1 9 Intrints                              |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# THE LLOS PA 1:00 RELLOS

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: LJS CORPORATE SQUARE LLO

#### **ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

4460 Shisler Road Clarence, New York 14031 PO Box 381 Clarence, New York 14031

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

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

Name

Lawrence J. Smith

14520 Farrington Way #206 Florida Street address (P.O. Box Not Acceptable)

Fort Myers, Florida 33912 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 60% Florida Statutes.

Registered Agent's Signature Lawrence J. Smith

#### ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Lawrence J. Smith P.O. Box 381

Clarence, NY 14031

REQUIRED SIGNATURE:

Signature of a member of 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.)

Lawrence J. Smith

Typed or printed name of signee.