

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Lancaster Lotus Apartments LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Lancaster Lotus Apartments LLC**

ARTICLE II - Address

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

Principal Office Address:

407 W. Lancaster Road

Orlando, FL 32809

Mailing Address:

407 W. Lancaster Road

Orlando, FL 32809

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

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

Bhesh Somar

Name

1101 Largo Drive

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Orlando, FL 32839

(City / State / 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.

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 2005 MAR 15 54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



 Registered Agent's Signature - Bhesh Somar

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Bhesh Somar- 1101 Largo Drive, Orlando, FL 32839

MGRM

Sunita Cindy Somar- 7727 Harbor Lake Drive, Orlando, FL 32822

MGRM

Eustace Somar- 1101 Largo Drive, Orlando, FL 32839

MGRM

Moniram Mahadeo- 10138 - 109th Street, South Richmond Hill, NY 11419-1718

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Bhesh Somar

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA