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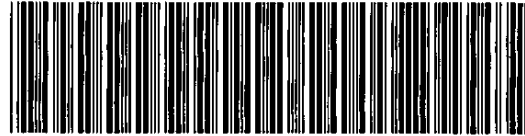
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeford Limited, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allen DiAngelo
(Name of Person)

Lakeford Limited, LLC
(Firm/Company)

5224 W. State Rd 46 #139
(Address)

Sanford, FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

Allen DiAngelo at (407) 739-7479
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

Lakeford Limited, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company is:

Principal Office Address

Mailing Address

5224 W. State Road 46 #139
Sanford, FL 32771

Same

ARTICLE III REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Allen D'Angelo
5224 W. State Road 46 #139
Sanford, FL 32771

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

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TALLAHASSEE, FLORIDA

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

The name(s) and street address(es) of each Manager or Managing Member is as follows:

MGR

Allen D'Angelo
5224 W. State Road 46 # 139
Sanford, FL 32771

ARTICLE V EFFECTIVE DATE

The effective date of the incorporation shall be the date of filing for this Limited Liability Company.

REQUIRED SIGNATURE:



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.)

Allen D'Angelo

Typed or printed name of signee