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FAX NO. Division of Comorations Flor da Department of State

P. 01 Page 1 of 1

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Account Name : .: IMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : 19990000006
Phone : 407)425-7010
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ELORIDA/FOREIGN LIMITED LIABILITY CO.		
CORPOR	LAUTE RBACH CON	CIERGE, LLC
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# ART CLES OF ORGANIZATION OF LAUTERBACH CONCLERGE, LLC A Flor da Limited Liability Company

# FILED 06 NOV 21 AM 8: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of this limited liability company is Lauterbach Concierge, LLC, referred to in these Articles of Organization as the "Company".

#### ARTICLE II MAII ING AND STREET ADDRESS

The mailing address of the principal office of the Limited Liability Company is as follows:

540 North Main Street Vinter Garden, Florida 34787

The street address of the principal office of the Limited Liability Company is as follows:

540 North Main Street W. inter Garden, Florida 34787

#### ARTICLE III COMMENCE MENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall commence the time and date on which these Articles of Organization are filed by the Florida Department of State.

### ARTICLE IV REGISTERED AGENT

The address of the initial Resistered Office and the Registered Agent at such address are as follows:

Michael Lauterbach 540 North Main Street Water Garden, Florida 34787 ((H06000280207 3)))

#### ARTICLE V MANAGEMENT

The limited liability company is to be managed by its member and is, therefore, a member-managed company.

#### ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

Michael Lauterbuch, Member

## ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

Having been named as Regis ered 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 ac 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 of the Florida Statutes.

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