

L080000039946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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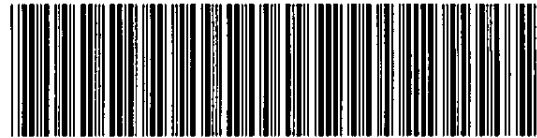
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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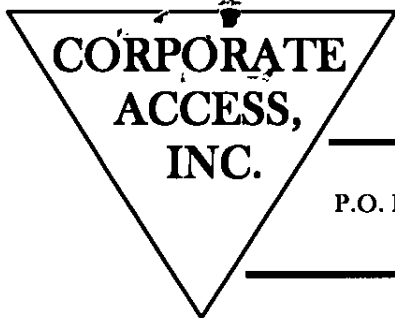
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

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EXAMINER



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LLC

1. LNV Partners, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

LNV PARTNERS, LLC

ARTICLE II - Address

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

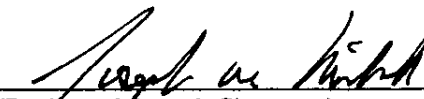
303 E. Par Street
Orlando, Florida 32804

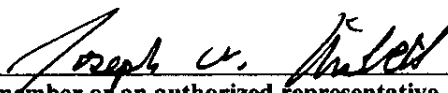
ARTICLE III - Registered Agent and Office and Registered Agent's Signature

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

Joseph W. Nisbett
303 E. Par Street
Orlando, Florida 32804

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, Florida Statutes.


(Registered Agent's Signature)
Joseph W. Nisbett


Signature of a member or an authorized representative
Joseph W. Nisbett

(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.)