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EXAMINER

OTT TAK ZZ PH 12: 49 SECRETARY OF STATE LLAHASSEE, FLORIOA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lantern Proporties 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:	
Patricia A Bernard Name of Person	
Lanten Proputies LLC	
800 Plunkett Que	
Orlando FC 32810	
City/State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Patrice Bernard at (407) 461-6723 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301	つ フ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Lantern Properties LLC			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	oility Co	mpany is:	
Principal Office Address: Mailing Address:			
Roof Philottane Orlando FC 32810			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individue business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Patria A Bernare			
8001 Plunkett Que Florida street address (P.O. Box NOT acceptable)			
Orlando FL FC 32810 City, State, and Zip			
Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am Jaccept the obligations of my position as registered agent as provided for in Charles	appointn he provis familiar	nent as sions of all with and	
Pader & Bourl	SECRE TALLAH	2011 MA	·
Registered Agent's Signature (REQUIRED)	TARY OF	I MAR 22 P	10.20am
(CONTINUED) Page 1 of 2	STATE		"

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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 after the Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) rica A. Bornard Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)