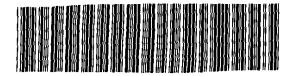
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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RECEIVED

COVER LETTER

TO: Registration S Division of Co					
_{SUBJECT:} Lucky	's Paradise 4, LL	С			
	Name of Limite	ed Liability Company			
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.			
Please return all correspondent	ondence concerning this matte	er to the following:			
Frederick	L. Bateman, Jr.				
		Name of Person	Zi on		
Bateman	Harden			12 F	
		Firm/Company	25	E2 27	iden
P. O. Box	1454		AY SEE		3
		Address		<u> </u>	277
Tallahasse	e, FL 32302		0.73	t: 0	
<u>i alla lasset</u>	·	//State and Zip Code	D		
jburk@bater	manharden.com				
	E-mail address: (to be used for	or future annual report notification)			
For further information of	concerning this matter, please	call:			
Manso Athitakis		at (850) 570-6544			
Name o	of Person	Area Code & Daytime Teler	ohone Number		
Enclosed is a check for	r the following amount:				
	\$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 enclo	&	
	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 C			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Lucky's Paradise 4, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
01 E. Virginia Street	P. O. Box 1454 Tallahassee, FL 32302	
allahassee, FL 32301		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the reference L. Bateman, Name 401 E. Virginia Sti	ered Agent. You must designate an individual or another egistered agent are:	
Florida street addr	ress (P.O. Box NOT acceptable)	ومتها
Tallahassee,	ress (P.O. Box NOT acceptable)	
City, Stat	te, and Zip	
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as fegist	ccept service of process for the above stated limiteris certificate, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with anothered agent as provided for in Chapter 608, F.S	all

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:
Manso Athitakis 2768 E. Pinetree Blvd. Thomasville, GA 31792
TALLA
ASSEE F

ARTICLE V: Effective date, if other than the date of filing: February 24, 2012 (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 are true. I am 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.)

Manso Athitakis

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)