130000401

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

18/10/13



600242598006

13 JAN -8 PH 4: 28

13 JAN -8 AN IO: 18

STATE 1



TION SERVICE COMPANY.
ACCOUNT NO. : I2000000195
REFERENCE: 488891 4301677
AUTHORIZATION: Spelle Man
COST LIMIT : \$ 125.00
ORDER DATE : January 8, 2013
ORDER TIME : 3:34 PM
ORDER NO. : 488891-005
CUSTOMER NO: 4301677
DOMESTIC FILING
NAME: LC EB5 FL LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
LC EB5 FL 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 Liability Company is:		
Principal Office Address:	Mailing Address:	
c/o Maxwelle Real Estate Group	c/o LDV Hospitality Holdings, LLC	
3050 Aventura Blvd., 3rd Floor	450 Seventh Ave, Suite 4200	
Aventura, FL 33180	New York, NY 10123	
The name and the Florida street address of the registered agent are: Corporation Service Company Name		
1201 Hays Street	SSE S	
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL 32301	
City, Sta	ate, and Zip	
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 Corporation Service Company By: Registered Agent's Signature (REQUIRED) Janet Budhu, Asst. Vice President		
Janet Budha, Asst. vice i resident		

Page 1 of 2

(CONTINUED)

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.)

Lawrence B. Simon, Authorized Person

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)