

L13000012342

(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



000243884640

01/23/13--01003--018 **155.00

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2013 JAN 23 AM 10:51
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2013 JAN 23 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 24 2013

D. BRUCE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXECUTIVE SUITES OF LAKELAND, L.L.C.

Signature _____

Requested by: SETH

01/23/13

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ✓ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

2013 JAN 23 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

**ARTICLES OF ORGANIZATION
OF
EXECUTIVE SUITES OF LAKE LAND, L.L.C.
a Florida Limited Liability Company**

ARTICLE I. Name

The name of the Limited Liability Company is: **EXECUTIVE SUITES OF LAKE LAND,
L.L.C.**

ARTICLE II. Address

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

**1102 South Florida Avenue
Lakeland, FL 33803**

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

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

**ROBERT L. VALENTINE
1102 South Florida Avenue
Lakeland, FL 33803**

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.



ROBERT L. VALENTINE
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN 23 AM 10:17

FILED

ARTICLE IV. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

ROBERT L. VALENTINE
1102 South Florida Avenue
Lakeland, FL 33803

Dated: January 22, 2013

By: 

ROBERT L. VALENTINE
Manager

Q:\LLCompanies\Executive Suites of Lakeland, LLC\Articles.docx

FILED

2013 JAN 23 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA