## L14000158069

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	•	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special Instructions to	riling Officer:	

Office Use Only



000262286010

10/06/14--01027--013 \*\*130.00

14 OCT -6 PM 3: 37
SEGRETARY OF STATE
TALK AHASSEE STATE

## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: <u>LLE Investment Properties</u> <u>LLC</u> 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:
Laila L Whitaker Name of Person
LLE Investment Properties, LLC Firm/Company
2 Michael Drive Address
Beverly Hills FL 34465 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laila Whitaker at (352) 476-7967  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LLE Investment Propert (Must end with the words "Limited Liability Compa	ies LLC any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
Principal Office Address: Mailing Add	iress:
2 Michael Drive 2 Mi Bevery Hills FL 34465 Bever	chael Drive My Hills FL 34465
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
<u>Laila L Whitake</u> Name	<u> </u>
Name	
2 Michael Drive	
Florida street address (P.O. Box NOT acceptable	
Beverly Hills FL 3	34465
' City	Zip
Having been named as registered agent and to accept service of process f the place designated in this certificate, I hereby accept the appointmen capacity. I further agree to comply with the provisions of all statutes rel of my duties, and I am familiar with and accept the obligations of my p Chapter 605, F.S.	nt as registered agent and agree to act in this lating to the proper and complete performance
Sailor S Whitout Registered Agent's Signature (REQUIRE	
(CONTINUED)	: 1
Page 1 of 2	PM 3:37 OF STATE C.FLORIDA

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager _AMBK	Laila L Whitaker  2 Michael Drive  Beverly Hills FC 34465
AMBR	Joseph R Henry 2 Michael Drive Beverly Hills FC 34465
	**************************************
effective date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the date	
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)	
CLE V: Effective date, if other than the date effective date is listed, the date must be spe of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the date effective date is listed, the date must be spe of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ila I Whitaker
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ember or an authorized representative of a member of this documents of the penalties of perjury that the facts stated herein are title.
CLE V: Effective date, if other than the date effective date is listed, the date must be spee of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ember or an authorized representative of a member of this document of perilips that the facts stated herein are the remaining submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be spe of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member of this documents of the penalties of perjury that the facts stated herein are title.  The penalties of perjury that the facts stated herein are title.  The penalties of perjury that the facts stated herein are title.  The penalties of perjury that the facts stated herein are title.  The penalties of perjury that the facts stated herein are title.  The penalties of perjury that the facts stated herein are title.  The penalties of perjury that the facts stated herein are title.

ARTICLE IV-