## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000105273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name

: BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number: 072731001155 Phone

: (813)253-2020

Fax Number

: (813)251-6711

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:				
-------	----------	--	--	--	--

### FLORIDA LIMITED LIABILITY CO.

LB2 Management, LLC

Certificate of Status	1			
Certified Copy	0			
Page Count	02			
Estimated Charge	\$130.00			

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/13/2015

H15000010527

# ARTICLES OF ORGANIZATION OF LB2 MANAGEMENT, LLC

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act (the "Act"), and pursuant to the following Articles of Organization:

#### ARTICLE 1

#### <u>Name</u>

The name of this limited liability company is:

LB2 Management, LLC

(hereafter, the "Company").

#### ARTICLE 2

#### Effective Date

This Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

#### ARTICLE 3

#### Mailing Address and Principal Office

The mailing address and the street address of the principal office of the Company is 1511 N. Westshore Boulevard, Suite 700, Tampa, Florida 33607.

#### ARTICLE 4

#### Initial Registered Office and Agent

The street address of the initial registered office of this Company is 601 Bayshore Boulevard, Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of this Company at that address is David L. Koche,



H15000010527

#### ARTICLE 5

#### Indemnification

The Company shall indemnify any managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization this 13th day of January, 2015, and the undersigned registered agent acknowledges that he is familiar with, and accepts, the obligations of his position as registered agent of the Company as provided for in Chapter 605 of the Florida Statutes.

DAWID L. KOCHE, Authorized Representative

and Registered Agent

2015 JAN 13 AM 8: 1