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| (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; |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-------------------|---|---|---|
| SUBJ | ECT: 2029Lebanon, LLC Name of L | imited Liability Company | |
| The er | nclosed Articles of Organization and fee(s) | are submitted for filing. | |
| Please | return all correspondence concerning this r | natter to the following: | |
| | Cynthia B. Reis | N. CP | |
| | | Name of Person | |
| | 2029Lebanon, LLC | Firm/Company | |
| | | rma/Company | |
| | 10672 Quail Ridge Dr | Address | |
| _r <u>e</u> | eismamt@vahoo.com | City/State and Zip Code | |
| | E-mail address: (to be us | ed for future annual report notifica | ation) |
| For fu | ther information concerning this matter, ple | ease call: | |
| <u>Cindy</u> | Reis at (| 904) 460-2195 Area Code Daytime Te | lephone Number |
| Enclos | ed is a check for the following amount: | | |
| ☑ \$ 125.0 | 00 Filing Fee \$\times \text{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 enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | tions ter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|--|---|
| The name of the Limited Liability Company is: | | |
| 2029Lebanon, LLC | | |
| | imited Liability Company, "L.L.C. | ," or "LLC.") |
| ARTICLE II - Address: | | |
| The mailing address and street address of the princ | cipal office of the Limited Liability | Company is: |
| Principal Office Address: | Mailing Address: | |
| 10672 Quail Ridge Dr | 10672 Quail Ridge Dr | <u>.</u> |
| Ponte Vedra, FL 32081 | Ponte Vedra, FL 3208 | <u>. </u> |
| | | |
| ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as it another business entity with an active Florida regi | ts own Registered Agent. You must | |
| The name and the Florida street address of the reg | istered agent are: | |
| Cynthia B. Reis | | |
| | Name | |
| 10672 Quail Ridge Dr | | _ |
| Florida street address (P. | O. Box NOT acceptable) | |
| Ponte Vedra | FL 32081 | _ |
| City | Zip | |
| V | accept the appointment as registere isions of all statutes relating to the parties of all statutes relating to the parties of the obligations of my position as registere 605, F.S | ed agent and agree to act in this proper and complete performance |
| (CON | TINUED) | ## |
| Pap | ge 1 of 2 | |

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EURE MARY OF STATE

LL ARLAGREE FLORINA

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGRM | Cynthia B. Reis |
| | 10672 Quail Ridge Dr |
| | Ponte Vedra, FL 32081 |
| MGRM | Donald P. Reis |
| WIGRIN | 10672 Quail Ridge Dr. |
| | Ponte Vedra, FL 32081 |
| | Ponte vedra, FL 32001 |
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Page 2 of 2

2015 APR 27 P 1: 3