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S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LDP Real Properties, LLC 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:
Lynette Parland Name of Person
LDP Real Properties, LLC. Firm/Company
1249 East orange Avenue
Tallahassee FL 32301 City/State and Zip Code themotivated Investor @ gmail.com E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Lynette Parland at (850) 405-8875 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 15 JUN 19 AR 10: 04

ARTICLE I - Name: The name of the Limited Liability Company is:	All Araber a Court
(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 Liabi	lity Company is:
Principal Office Address:	Mailing Address:
Tallahossee, Fl Talla 32301 323	Apalachree Parkway suite 3-326 hossee, FL
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You manother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	•
Lynette Parlandi Name	
Florida street address (P.O. Box NOT accepta	2 ble)

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Lynette Parland
	rayy gast oranie Avenue
110 000011	Tallahassee, FC3230
"AMBR"	
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(Use attachment if necessary)	
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