

L160000047886

From

3/20/16 5:06 PM 1/003

Division of Corporations

<https://efile.sunbiz.org/scripts/efilecovr.exe>

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.

((H16000059659 3)))



H160000596593A0C0

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) 617-6381

From:

Account Name : LATHAM, SHUKER, EDEN & BRAUDINE, LLP  
Account Number : 120000000025  
Phone : (407) 481-5800  
Fax Number : (407) 481-5801

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

Email Address: MFRANKLIN@LSEBLAW.COM

FLORIDA LIMITED LIABILITY CO.  
342 ELKHORN DRIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

~~6316 17713~~

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

16 MAR -9 PM 12:25

APPROVED  
AND  
FILED

2/1/16

From:

03/09/2016 14:16

#166 #1002/003

APPROVED  
AND  
FILED

16 MAR -9 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H16000059659 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

342 ELKHORN DRIVE LLC

(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 Liability Company is:

Principal Office Address:

Mailing Address:

342 ELKHORN DRIVE  
WINTER PARK, FLORIDA 32792

6239 RYDAL CT  
WINDERMERE, FL 34786-5416

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LSEB AGENT SERVICES, INC.

Name

111 N. MAGNOLIA AVENUE, SUITE 1400

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FLORIDA 32801

City

State

Zip

*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..*

Director and U.P.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H16000059659 3)))

From:

APPROVED  
AND  
FILED  
03/09/2016 14:16 PM 2016 P.003/003

((H16000059659 3)))

16 MAR -9 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMER" - Authorized Member

"MGR" - Manager

MGR

**Name and Address:**

PAUL BORREGGINE

6239 RYDAL CT

WINDERMERE, FL 34786-5416

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 7, 2016 (OPTIONAL)

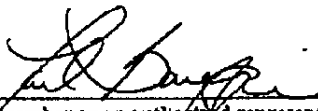
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The purpose of 342 ELKHORN DRIVE LLC is to engage in any lawful activity for which a Limited Liability Company is organized in the State of Florida.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PAUL BORREGGINE

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

((H16000059659 3)))