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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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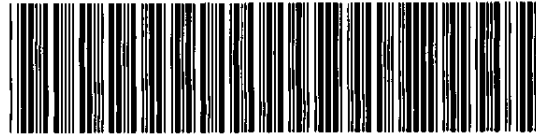
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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19 ACKNOWLEDGEMENT  
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MAY 19 2016

T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LONNBLADH PLACE, 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:

Marnie Earl  
Name of Person

Smith, Thompson, Shaw, Minacci & Colon  
Firm/Company

3520 Thomasville Rd., 4th Floor  
Address

Tallahassee, FL 32309  
City/State and Zip Code

Peter Lohrengel lohrengelp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marnie Earl                      850                      893-4105  
Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & 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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**ARTICLES OF ORGANIZATION  
OF  
LONNBLADH PLACE, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 19 AM 9:50

FILED

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The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **LONNBLADH PLACE, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing of the business in Florida for the Company is: 1400 Village Square Blvd. 3-175, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: 1621 Metropolitan Boulevard, Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

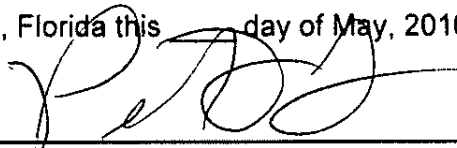
The initial registered agent in Florida for the Company is: ANDREW J. POWER and the initial, registered office is located at 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309.

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

Peter Lohrengel  
1400 Village Square Blvd. 3-175  
Tallahassee, Florida 32312

EXECUTED at Tallahassee, Leon County, Florida this \_\_\_\_\_ day of May, 2016.

  
\_\_\_\_\_  
PETER LOHRENGEL

FILED  
16 MAY 19 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **LONNBLADH PLACE, LLC**.
2. The name of the registered agent and office is: **ANDREW J. POWER** and the initial, registered office is located at 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**ANDREW J. POWER, Registered Agent**

16 MAY 19 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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