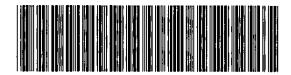
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(Re	questor's Name)			
(Ad	dress)			
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(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE SIVISION OF CORPORATION:

EFFECTIVE DATE 10/01/16

2 10/07/16

COVER LETTER

то:		istration Section ision of Corporations					
SUBJE	CT.	Orton Properties 2 LLC					
SOBJE	CI.	Name of Limited Liability Company					
The enc	closed	Articles of Organization and fee(s) are submitted	for filing.			
Please r	return	all correspondence concerning thi	s matter to the fo	ollowing:			
]	Lori Orton Vu					
	-		Name of	Person			
	Orton Properties 2 LLC						
	-	Firm/Company					
	117 E. Forsyth Street						
		Address					
		Jacksonville, FL 32202					
	lc	riortonvu@gmail.com	City/State and	d Zip Code			
	-		used for future a	nnual report notification)			
For furthe	er inf	ormation concerning this matter, p	lease call:				
	I	ori Vu	904 t (614-0232			
	_	Name of Person	Area Code	Daytime Telephone Number			
Enclose	ed is a	a check for the following amount:					
\$125.00	0 Fili	ng Fee \$130.00 Filing Fee Certificate of Status	s LLCertific	0 Filing Fee & \$\ \text{S160.00 Filing Fee,} \\ \text{Certificate of Status & } \\ \text{Certified Copy} \\ \text{(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 FOR FLORIDA LIMITED LIABILITY COMPANY

Orton Properties 2 LLC		Tickility Comes	ny, "L.L.C.," or "LLC.")	
(iviusi ena wi	an the words Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
LE II - Address:		•		
iling address and street add	ress of the principal o	ffice of the Limite	ed Liability Company is:	
Principal	Office Address:		Mailing Address:	
117 E. Forsyth Street		11	7 E. Forsyth Street	
Jacksonville, FL 32202		Ja	Jacksonville, FL 32202	
LE III - Registered Agen	t, Registered Office, annot serve as its own	& Registered Ag		
CLE III - Registered Agen mited Liability Company c business entity with an act	t, Registered Office, annot serve as its own ive Florida registratio	& Registered Ag Registered Agent n.)	ent's Signature:	
CLE III - Registered Agen mited Liability Company c	t, Registered Office, annot serve as its own live Florida registratio	& Registered Ag Registered Agent n.)	ent's Signature:	
CLE III - Registered Agen mited Liability Company c business entity with an act	t, Registered Office, annot serve as its own ive Florida registratio	& Registered Ag Registered Agent n.)	ent's Signature:	
CLE III - Registered Agen mited Liability Company c business entity with an act	t, Registered Office, annot serve as its own live Florida registratio	& Registered Ag Registered Agent n.) agent are:	ent's Signature:	
CLE III - Registered Agen mited Liability Company c business entity with an act	t, Registered Office, annot serve as its own live Florida registration dress of the registered Lori Orton Vu	& Registered Ag Registered Agent n.) agent are:	ent's Signature: . You must designate an individu	
CLE III - Registered Agen mited Liability Company c business entity with an act	t, Registered Office, annot serve as its own live Florida registration dress of the registered Lori Orton Vu	& Registered Ag Registered Agent n.) agent are:	ent's Signature: . You must designate an individu	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Lori Orton Vu
	117 E. Forsyth Street Jacksonville, FL 32202
	Jacksonville, FL 32202
AMBR	Tri Thien Vu
	117 E. Forsyth Street
	Jacksonville, FL 32202
	the state of the second of the
	Make a filtrary in the second
 	
(Use attachment if necessary) APTICIEV. Effective date if other than the d	ate of filing: 10/01/2016 (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.)	·
	ot meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	ent of State's records.
ARTICLE VI: Other provisions, if any. None	
REQUIRED SIGNATURE:	
Signature .	$\wedge \setminus I$
you (V. Vu
	member or an authorized representative of a member.
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

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

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Lori Orton Vu

Page 2 of 2