

L16 000192363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

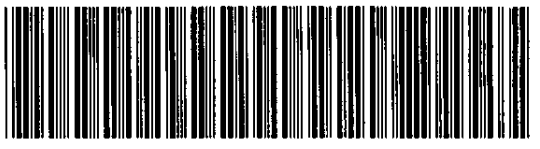
Special Instructions to Filing Officer:

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w/60067262

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-110

16 OCT 19 AM 11:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
CORPORATION SERVICES

October 5, 2016

DAVE KAGRISE
17424 MAGNOLIA ISLAND BLVD
CLERMONT, FL 34711

SUBJECT: LT5, LLC
Ref. Number: W16000067262

NEW NAME
LT5 PROPERTIES, LLC



We have received your document for LT5, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P94000075235-LT5 CORPORATION,

I certify from the records of this office that LT5, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 29, 2016.

The document number of this limited liability company is W16000067262.

I further certify that said company has paid all fees due this office through December 31, , and its status is active.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 816A00021036

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LT5, ~~LLC~~ LT5 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:

DAVE KAGRISE
Name of Person

LT5, LLC
Firm/Company

17424 MAGNOLIA ISLAND BLVD
Address

CLERMONT, FLORIDA 34711
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVE KAGRISE at (407) 625-7882
Name of Person Area Code 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LT5 PROPERTIES, 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:

17424 MAGNOLIA ISLAND BLVD
CLERMONT, FLORIDA
34711

Mailing Address:

17424 MAGNOLIA ISLAND BLVD
CLERMONT, FLORIDA
34711

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:

DAVE KAGRISE
Name
17424 MAGNOLIA ISLAND BLVD
Florida street address (P.O. Box **NOT** acceptable)
CLERMONT FLA 34711
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..

Dave Kagrise
Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 OCT 19 AM 10:50

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

COLLEEN KAGRISE

17424 MAGNOLIA ISLAND BLVD
CLERMONT, FLA 34711

DAVE KAGRISE

17424 MAGNOLIA ISLAND BLVD
CLERMONT, FLA 34711

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 07, 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.

REQUIRED SIGNATURE:

Dave Kagrise

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.

DAVE KAGRISE

Typed or printed name of signee

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)