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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DEPARTMENT OF STATE

EFFECTIVE DATE 01/61/17

12/67/16

COVER LETTER

3

TO: Registration Section Division of Corporations
SUBJECT: Land L Resteration 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:
ERIC Laney Name of Person
Firm/Company
G719 Johnstown loop Address
Tallahassee, FL 32309 City/State and Zip Code Lane Thomerepair @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Race Laney at (450) 284-9742 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
18L Resteration LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Co719 Johnstown 100P	Co719 Johnstown 1007
TGLCAHASSFE, FC 32309	Tallahassee, FC 32309

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:

ERIC Lane	4	
	Name	,
6719 John	s foun	loop
Florida street address	s (P.O. Box <u>NC</u>	T acceptable)
INLAHASSEE	FC	32309
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

MGZ	ERIC Lane 7 Co719 Johns town loop TGLCAHASSEF, FC 32309
MGR	Sim Laney 3316 Thomas Dutier \$ Talle hassef, FC 32308
(Use attachment if necessary) LE V: Effective date, if other than the date	of filing: Jan 1, 2017 (OPTIONAL)

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.

Eric Lane 4
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)

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