

04/18/2017

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407) 835-6769  
Fax Number : (407) 843-4076

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

Email Address:

corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.  
LANDMYND, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**LANDMYND, LLC**

**ARTICLE II - Address**

The mailing address of the Limited Liability Company is as follows:

100 S. Eola Drive  
Orlando, Florida 32801

The street address of the principal office of the Limited Liability Company is as follows:

100 S. Eola Drive  
Orlando, Florida 32801

**ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company.

**ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature**

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

**CORPORATION COMPANY OF ORLANDO**  
300 South Orange Avenue  
Suite 1000 (RJN)  
Orlando, Florida 32801

*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, Florida Statutes.*

**CORPORATION COMPANY OF ORLANDO**

By: 

(Registered Agent's Signature)

**J. Gregory Humphries, Vice President**

  
Signature of a member or an authorized representative of a member

**R. John Nadjafi, Esquire, Authorized Representative**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, Florida Statutes).

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