

L17000233619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

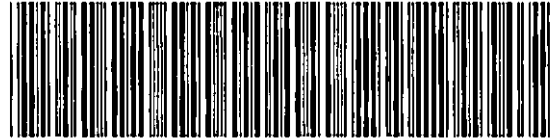
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

NOV 13 AM 9:16

APPROVED  
AND  
FILED



To Division of Corporations  
P.O BOX 6327  
Tallahassee, FL 32314

October, 23, 2017

I, Virginia Silberstein, Manager of Lease in Orlando LLC, gives the permission to Karyn Smith, manager at Lease in Orlando LLC to use the entity name Lease in Orlando starting November 15, 2017.

Sincerely,

Virginia Silberstein

Member, Orlando Expert Realty LLC



PROPERTY MANAGEMENT DONE RIGHT

November 8, 2017

To the Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

I, Karyn Smith, Manager of Lease in Orlando, LLC, give permission to Karyn Smith, manager at Lease in Orlando, LLC, to use the entity name Lease in Orlando, LLC starting November 15, 2017.

Sincerely,

Karyn Smith

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Lease in Orlando, 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:

Karyn Smith  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
1020 Siena Park Blvd W #204  
\_\_\_\_\_  
Address  
  
Celebration, FL 34747  
\_\_\_\_\_  
City/State and Zip Code  
  
jennifer@jmckinneyassociates.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karyn Smith                      407                      939-7671  
\_\_\_\_\_  
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:

Lease in Orlando, LLC

(Must contain 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:

Mailing Address:

1020 Siena Park Blvd W #204  
Celebration, FL 34747

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Karyn Smtih

Name

1020 Siena Park Blvd W #204

Florida street address (P.O. Box **NOT** acceptable)

Celebration

FL

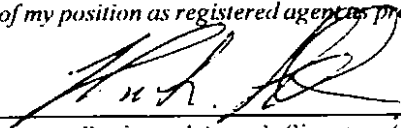
34747

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)

17 NOV 13 AM 9:16  
STATE OF FLORIDA

APPROVED  
AND  
FILED

**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

**Name and Address:**

Karyn Smith

1020 Siena Park Blvd W #204

Celebration, FL 34747

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/16/2017. (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:**



**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.

Karyn Smith

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)