## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future:

annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## Local Equity Two LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**C RICO JAN** 2 6 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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C	OVER LETTER		, •	
TO: Registration Section Division of Corporations				
SUBJECT: Local Equity Two LLC				
	imited Liability C	ompany	<del></del>	_
		' '	•	
The enclosed Articles of Organization and fee(s)	are submitted for	Oling.		
Please return all correspondence concerning this i	natter to the follo	wing:		
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Jumes P. S. Loshaw	•		i	
Titles 1. J. Copper	Name of Per	- <b>o</b> n	·····	
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240 Crandon Boulevard, Suite 248	<del></del>	<u> </u>	<del> </del>	
	Address			
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Key Biscayne, FL 33149		ļ		
•	Dity/State and Zip	Code		
Jim@Leshawl.ow.com		•		
E-mail address: (to be use	ed for future annu	al report notifies	stion)	_
for further information concerning this matter, ple	ase call:			
				•
		7-1758		<del>.</del>
Nume of Person	Aren Code	Daytime Tel	lephone Numb	er
Inclosed is a check for the following amount:		1		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

□\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address
Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

□ \$160,00 Filing: Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

.□\$155.00 Filing Fee & .

(additional copy is enclosed).

Certified Capy

13.052N - 02/09/2014 Wolans Kitowal Chime

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nume:			•
The name of the Limit	ted Linbility Company is:		
Local Equity Two 1.1.	Must end with the words "Limited	Liphility Company "1 L C	" as WII C "
		Caroling Company, L.L.C.,	or LLC. 1
ARTICLE II - Addre The mailing address as	ess: nd struct address of the principal of	Nice of the Limited Liability	Company is:
Principal Office Add	ress:	Mailing Address:	
1200 South Pine Islan Plantation, FL 33324		1200 South Pine Island R Plantation, FL 33324	ond
(The Limited Liability another business entity	itered Agent, Registered Office, a Company cannot serve as its own y with an active Florida registration	Registered Agent. You must	designate an individual or
The name and the Flor	ida street address of the registered	ngent are:	
• •	NRAL Servi	ces. Inc.	- N
	. Name		
	1200 South Pine	Island Road	- P
	Florida street address (P.O. Box	NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
	_ Plantation	FL 33324	
	City :	Zip	- 36
the place designate capacity. I further a	or registered agent and to accept served in this certificate. I hereby accept gree to comply with the provisions of am familiar with and accept the obligation of the control of the contr	the appointment as registered all statutes relating to the polyation of my position as registress. F.S.	d agent and agree to act in this raper and complete performance
	(CONTINUE	ED)	
	Pose Lot 2		

Manya - Daniella Maham Chama Cana

	Title:			Name and	Address:	,	
	"AMBR" = Author	rized Member					·
	"MGR" = Manager				<b>!</b> .	•	
	MGR		•	Direct Man	ingement LLC		
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