1/26/2018

Division of Corporations

## Florida Departmentlof Sta

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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 One LLC

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

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JAN 29 2018

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

Street/Courier Address
Registration Section
Division of Corporations
Clirlon Building
266 | Executive Center Circle
Tallahassee, FL 32301

- EUD26 - 02/04/2014 Wolses Klaner Only

AKII	CLESOFORGANIZATI	ON FOR FLORIDA	LITALLEDITVE	ILITY COMPA	7.A.Y.		
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Local Equity One LLC							
· (M	just end with the words	"Limited Liability	Company, Li	C.," or "C.I.C	<u></u>		
ARTICLE II - Address The mailing address and	•	rincipal office of t	l he Linnited Liabi	lity Company	is:		
Principal Office Addre			ing Address:		· ·,		
1200 South Pine Island	Rond	1200	South Pine Islan	id Road			
Plantation, Ft. 13324		Plau	ation, Fl. 33324	<u> </u>	· ·		
		<u> </u>					
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ARTICLE III - Registe (The Limited Liability Conother business entity)	ompany cannot serve a	s its own Register	lered Agent's S ed Agent, You n	ignature: rust designate	m individual	2 HI	7
The name and the Florid	a street address of the r	egistered agent ar	e:			્ં જે	<u></u>
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•	Plantation	. 101	37224				

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 603. F.S.

Zip

Registered Agent's Signature (RECUIRED)

(CONTINUED)

City

Pose Lof2

	Title: "AMBR" = Authorized Member "MGR" = Manager		Nank and A		·	
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101	E VI: Other provisions, if any.					

Signature of a incruber or an authorized representative of a member. (In accordance with section 605.0203 (1) (b). Florida Statues, the execution of this document constitutes in 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, F.S.)

James P. S. Leshaw

Typed or printed onme of signce

Filing Fers:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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PLASEY - 92/04/2014 Wolfers Kinner Online