

2. 2018 2:24 PM Florida Department of State No. 1402  
 Division of Corporations  
 Electronic Filing Center Sheet

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**To:**

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

From:

Account Name : HARRY G. REID, III  
Account Number : I20010000189  
Phone : (407)321-3911  
Fax Number : (407)321-1467

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WASHINGTON, D.C.

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

Email-Address: CHERL.ROPER@CFL.RR.COM

**FLORIDA LIMITED LIABILITY CO.  
L CHERI, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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No. 1492 P. 2

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## Corporate Filing Menu

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

**ARTICLE I – NAME**

The name of the Limited Liability Company is:

**L CHERI, LLC**

**ARTICLE II – ADDRESS**

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

**Principal Office Address:**  
220 Sweet Gum Way  
Longwood, Florida 32779

**Mailing Address:**  
220 Sweet Gum Way  
Longwood, Florida 32779

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Lois Cheri Todd-Roper**  
220 Sweet Gum Way  
Longwood, Florida 32779

*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)

**ARTICLE IV –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
MGR – Manager

**Name and Address:**  
Lois Cheri Todd-Roper  
220 Sweet Gum Way  
Longwood, Florida 32779

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Effective date, is the date of filing.

**SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document consisted 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, F.S.)

**Lois Cheri Todd-Roper**

**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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