

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972

Fax Number : (888)692-9256

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

Email Address:	
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FLORIDA LIMITED LIABILITY CO. LANDSBERG LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Pebruary 18, 2019

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: LANDSBERG LLC

REF: W19000015965

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico Regulatory Specialist II New Filing Section FAX Aud. #: H19000054436 Letter Number: 619A00003409

ARTECLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE	ľ-	Name:
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The name of the Limited Liability Company is:

LANDSBERG 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:

6658 Thornhill Ct
Boca Raton, FL 33433
Boca Raton, FL 33433

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:

140: WV

Name

6658 Thornhill Ct

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

Boca Raton

FL

33433

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)

2019 FEB 19 AM 10: 47 SECRETARY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Meneger	Name and Address: ADINA LANDSBEAL
MGB	
	6658 Thornhill Ct Boca Raton, FL 33433
	•
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date of effective date is listed, the date must be signed of filing.) te: If the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days as meet the applicable statutory filing requirements, this date will not be liste
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TICLE V: Effective date, if other than the date in effective date is listed, the date must be added of filling.) te: If the date inserted in this block does not document's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many falls are a ware that any falls	meet the applicable statutory filing requirements, this date will not be listed to f State's records. Member or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. It is information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)