(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500326405055

T SCHROEDEN

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/19/19

NAME:

ILP LAKE ALFRED II LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE OBSILE Todge

ARTICLES OF ORGANIZATION OF

ILP Lake Alfred II LLC

(a Florida limited liability company)

<u>ARTICLE I – NAME:</u>

The name of the limited liability company is ILP Lake Alfred II LLC.

ARTICLE II – ADDRESS:

The principal office address of the limited liability company is: 7500 San Felipe Street, Suite 825
Houston Texas 77063

The mailing address of the limited liability company is:
PO Box 540264
Orlando, Florida 32854

FILED 19 MAR 19 AN 10:35 SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLE III - REGISTERED AGENT:

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

Name:

Burr & Forman LLP

Address:

200 S. Orange Avenue, Suite 800

Orlando, Florida 32801

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.

ARTICLE IV - MANAGEMENT:

The company shall be a manager-managed company, and the name, address and title of the person authorized to manage and control the company are:

Name:

Ivie Lane Partners Manager, LLC

Title:

Manager

Address:

PO Box 540264

Orlando, Florida 32854

AUTHORIZED REPRESENTATIVE:

Name:

Mary Davis

SECRETARY OF STATE

2