(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



900326646759

19 HAR 22 AM 10: 03

FILED

19 MAP 22 MA 4: 96



# 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:

3/22/19

NAME: LEHIGH CONSTRUCTION MANAGEMENT LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE RHOLGE

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

### <u>ARTICLE I NAME</u>

The name of the Limited Liability Company is:

LEHIGH CONSTRUCTION MANAGEMENT LLC

### ARTICLE II ADDRESS

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

1080 CYPRESS PARKWAY #139

KISSIMMEE, FLORIDA 34759

## ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are JONATHAN GAGERIE

1080 CYPRESS PARKWAY #139

KISSIMMEE, FLORIDA 34759

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.

X /s/ Jonathan Gagerie

JONATHAN GAGERIE / Registered Agent's signature

#### PAGE 2 LEHIGH CONSTRUCTION MANAGEMENT LLC

## ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
JONATHAN GAGERIE
1080 CYPRESS PARKWAY #139
KISSIMMEE, FLORIDA 34759

19 MAR 22 AM ID OL SECKEJARY OF STATE JALLAHASSEE, FLORIDA

X<u>/s/</u> <u>Jonathan Gagerie</u> JONATHAN GAGERIE / Authorized Representative's signature

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