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DATE:

07-03-19

NAME: LADYBIRD HOLDING COMPANY IV, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

130.00

RETURN: GOOD STANDING CERTIFICATE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	w Filing Section vision of Corporations
orun INGT	Ladybird Holding Company IV, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fec(s) are submitted for filing.
Please retu	n all correspondence concerning this matter to the following:
	Patrick Gill
	Name of Person
	Ladybird, Inc
	Firm/Company
	1515 International Parkway Suite 3001
	Address
	Lake Mary, FL, 32746
	City/State and Zip Code
-	pgill@ladybirdgroup.com
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Patrick Gill 407 829-8530
	Name of Person Area Code Daytime Telephone Number
e 1 12	and all for the following amount:
\$125.00 F	s a check for the following amount: iling Fec \$130.00 Filing Fec & Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 Filing Fec, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	771 7 7 69			
<u>Ladybird Holding Con</u> (Must contai		Liability Con	npany, "L.L.C.," or "LLC.")	 •
•		•		
ARTICLE II - Address: The mailing address and street add	tress of the principal o	office of the 1.	imited Liability Company is:	
Principal	Office Address:		Mailing Address:	
1515 International Par	kway Suite 3001		1515 International Parkway Suite 3001	
Lake Mary, FL 32746			Lake Mary, Fl. 32746	
-				
another business entity with an ac	•	d agent are: Name		
	Florida street addres			
	Lake Mary	FL	32746	
	City	State	Zip	
Onder kan and a made and a	gent and to accept serv	rice of process pointment as r	for the above stated limited liability compar egistered agent and agree to act in this capa proper and complete performance of my dut	ny at the

(CONTINUED)

ZO19 JUL -3 AH 9: 46
SECRETARY OF STATE

Title: "AMBR" = Authorized "MGR" = Manager	Name and Address: Member	
-		
MGR	Carl T Hansla	
WICH	1515 International Parkway Stc 3001	
	Lake Mary, FL 32746	
, , , , , , , , , , , , , , , , , , , ,		
EV: Effective date, if continued the continued of the continued of the continued in this continued in	ther than the date of filing: 07/03/2019 (OPTIONA date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date	to or 90
EV: Effective date, if of ective date is listed, the of filing.) The date inserted in this ment's effective date or	ther than the date of filing: 07/03/2019 (OPTIONA date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date the Department of State's records.	to or 90
E V: Effective date, if elective date is listed, the of filing.) the date inserted in this ment's effective date or E VI: Other provisions,	ther than the date of filing: 07/03/2019 (OPTIONA date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date the Department of State's records.	to or 90
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E V: Effective date, if excive date is listed, the of filing.) the date inserted in this ment's effective date or E VI: Other provisions, REQUIRED SIGNAT	ther than the date of filing: 07/03/2019	e will not
EV: Effective date, if cetive date is listed, the filling.) the date inserted in this nent's effective date or EVI: Other provisions, REQUIRED SIGNAT	ther than the date of filing: 07/03/2019 (OPTIONA date must be specific and cannot be more than five business days prior block does not meet the applicable statutory filing requirements, this date the Department of State's records. if any. URE: ignature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida 2 vare that any false information submitted in a document to the Department.	e will not
EV: Effective date, if cetive date is listed, the filling.) the date inserted in this nent's effective date or EVI: Other provisions, REQUIRED SIGNAT	ther than the date of filing: 07/03/2019	e will not