

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000264372 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CUMMINGS & LOCKWOOD, LLC

Account Number : 102336001100 Phone : (239) 649-3101 Fax Number : (239)430-3344

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

clasp@cl-law.com Email Address:

### FLORIDA LIMITED LIABILITY CO. LRA FAMILY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

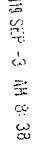
Help

N CULLIGAN

9/3/2019

https://efile.sunbiz.org/scripts/efilcovr.exe

SEP ' 4 2019



CUMMINGS & LOCKWOOD LLC

@002/003

(((H19000264372 3)))

2019 SEP -3 AM 8: 38 SECRETARY OF STATE

#### ARTICLES OF ORGANIZATION **OF** LRA FAMILY LLC

#### ARTICLE I Name

The name of this limited liability company is LRA FAMILY LLC (the "Company").

#### **ARTICLE II** Address

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

5850 T. G. Lee Boulevard, Suite 175 Orlando, FL 32822

#### ARTICLE III Purpose

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

> ARTICLE IV Duration

The period of duration for the Company is perpetual.

ARTICLE V Registered Office and Agent

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

CLASP, Inc. 3001 Tamiami Trail North, Suite 400 Naples, FL 34103

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.

By: Christopher L. Ulrich, Vice President

(((E19000264372 3)))

#### ARTICLE VI Management

The Company is to be managed by one or more managers and is, therefore, a managermanaged company. The name and address of the initial manager of the Company are:

> Thomas B. Dyer 5850 T. G. Lee Boulevard, Suite 175 Orlando, FL 32822

## ARTICLE VII Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

# ARTICLE VIII Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Dated September 3, 2019

Christopher L. Ulrich Authorized Representative

(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.)

5527022<u>1</u>.doex