10/2/2019



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(((H19000294321 3)))



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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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## FLORIDA LIMITED LIABILITY CO. LLWYDS LANE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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To: Page 3 of 5

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10/8/2019 9:26:23 AM PAGE 1/001 Fax Server



October 8, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: LLOYD'S LANE LLC

REF: W19000089320

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.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II FAX Aud. #: H19000294321 Letter Number: 419A00020597

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LLwyds Lane	LLC						
(Must contain	the words "Limited Lie	bility Compan	y, "L.L.C.," or "LL.C.")	····			
ARTICLE II - Address: The mailing address and street addre	ess of the principal offic	ce of the Limit	ed Liability Company is:				
Principal C	Mice Address:		Mailing Ad	dress:			
251 Llwyds Lane Vero Beach, Florida 325	. 163		O. Box 2239, Church Str ew York, NY 10008-22				
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ The name and the Florida street address	inot serve as its own ite re Florida registration.)	egistered Agen		individual or			
<u>(</u>	T Corporation System	1					
	٨	lame					
<u>.1</u>	200 South Pine Island	Road					
į	Florida street address (I	P.O. Box <b>NO</b> T	acceptable)				
<u></u>	lantation	Florida	33324				
	City	State	Zip				
Having been named as registered ager place designated in this certificate, I ha further agree to comply with the provis am familiar with and accept the obliga	ereby accept the appointions of all statutes rela- ations of my position as a	iment as registering to the prop	ered agent and agree to a per and complete perform	ct in this capacity. ! since of my duties, and !		2319 001 -	- Y
	Ketimin School	Katherine	Schneider, Asst. Sec	retary	٠	က်	1
	Registere	d Agent's Sign	nature (REQUIRED)	<b>-</b>		Ē.:	11
	(	CONTINUED	<b>)</b> ))			11: 32	

ARTICLE IV.

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Cathy Minehan	
11000	P.O. Box 2239, Church Street Station	
	New York, NY 10008-2239	
	10000-2239	
<del></del>		
	•	
(Use attachment if necessary)  LEV: Effective date, if other than the date of feeting date is lighted the date must be specified.	filing: (OPTIONAL)	
LE V: Effective date, if other than the date of fective date is listed, the date must be speci of filing.) If the date inserted in this block does not meanment's effective date on the Department of LE VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90 di et the applicable statutory filing requirements, this date will not be State's records.	e listed as
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LE V: Effective date, if other than the date of fective date is listed, the date must be speci of filing.) If the date inserted in this block does not meatment's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in	office and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be State's records.	e listed as
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)

  5 5.00 Certificate of Status (Optional)