L19000244755

(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:





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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY					
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	FILING	LLC	· - · · •	 .		
L	N Properties SE, LLC					
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COVER LETTER

	New Filing Section Division of Corporations					
SUBJEC	LN Properties SE, LLC					
SUBJEC	Name of Lir	nited Liability Company				
The enclo	sed Articles of Organization and fee(s) ar	e submitted for filing.				
Please ret	urn all correspondence concerning this ma	atter to the following:				
	Gary Abriola					
		Name of Person				
	LN Properties SE, LLC					
		Firm/Company				
	1737 Dogwood Forest Way					
	Address					
	Lake Mary, Florida 32746					
	lakemarygary@aol.com	City/State and Zip Code				
		for future annual report notification)				
For further	information concerning this matter, pleas	e call:				
	Gary Abriola 56	61 414-4130				
	Name of Person A	rea Code Daytime Telephone Number				
Enclosed	is a check for the following amount:					
\$ 125.00 F	Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:		
LN Properties SI	S 11C		
	contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
	et address of the principal of	office of the Limited L	Liability Company is:
Pri	ncipal Office Address:		Mailing Address:
		1000	D
1737 Dogwood I	Forest Way	1/3/	Dogwood Forest Way
Lake Mary, Flor RTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, pany cannot serve as its own	& Registered Agent	Mary, Florida 32746
RTICLE III - Registered The Limited Liability Composition of the business entity with	ida 32746 Agent, Registered Office,	& Registered Agent Registered Agent. Yon.)	Mary, Florida 32746 's Signature:
Lake Mary, Flor RTICLE III - Registered The Limited Liability Composition of the business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. Yon.)	Mary, Florida 32746 's Signature:
Lake Mary, Flor ARTICLE III - Registered The Limited Liability Composition of the business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. Yon.)	Mary, Florida 32746 's Signature:
Lake Mary, Flor ARTICLE III - Registered The Limited Liability Companion	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent. You.) diagent are:	Mary, Florida 32746 's Signature:
Lake Mary, Flor ARTICLE III - Registered The Limited Liability Companion	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Gary Abriola	& Registered Agent. You.) diagent are:	Mary, Florida 32746 's Signature: ou must designate an individual o
Lake Mary, Flor ARTICLE III - Registered The Limited Liability Companion	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Gary Abriola	& Registered Agent Registered Agent. You.) diagent are: Name	Mary, Florida 32746 's Signature: ou must designate an individual o

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Title:	l Bifamilian	Name and Address:		
	"AMBR" = Authorized "MGR" = Manager	Member			
	MGRM	_	GDR Holdings WASECV, LLC		
			1737 Dogwood Forest Way		
			Lake Mary, Florida 32746		
		-			
	-	-			
		-			
		<u>.</u>			
			- 		
	(Use attachment if nece	ssary)			
RTIC	CLE V: Effective date, if o	other than the date of filin	g: (OPTIONAL)		
£	effective date is listed, the	date must be specific a	nd cannot be more than five business days prior to or 90 days after		
	a of filing \		applicable statutory filing requirements, this date will not be listed a		
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