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**FLORIDA LIMITED LIABILITY CO.
LMA 3335, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
LMA 3335, LLC**

Pursuant to Section 605.0201, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is LMA 3335, LLC.

ARTICLE II - ADDRESS

The mailing address of the principal office of the limited liability company is 3700 Como Street, Port Charlotte, FL 33948 and the street address of the principal office of the limited liability company is 3700 Como Street, Port Charlotte, FL 33948.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is ELEFThERIOS EFSTATHIADES, 3700 Como Street, Port Charlotte, FL 33948

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers who are members and therefore is a member-managed company. The name and address of the two managers each of whom is authorized to manage and control the limited liability company are as follows:

Title:

Name and Address:

Manager

ELEFThERIOS EFSTATHIADES
3700 Como Street
Port Charlotte, FL 33948

Manager

MARIA EFSTATHIADES
3700 Como Street
Port Charlotte, FL 33948

Manager

ANTHONY EFSTATHIADES
3700 Como Street
Port Charlotte, FL 33948

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ARTICLE V - DURATION

The duration of this Company shall be perpetual.

ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 605.0108(2) of the Florida Statutes.

In accordance with Section 605.0205(3) F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true. This document is executed in accordance with Section 605.0203(1)(b), F.S. The undersigned are aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, F.S.

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed his name and affixed his and her seal this 25th day of October, 2019.


ELEFTHERIOS EFSTATHIADES,
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is LMA 3335, LLC.
2. The name and address of the registered agent and office is:

ELEFTHERIOS EFSTATHIADES, 3700 Como Street, Port Charlotte, FL 33948

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.


ELEFTHERIOS EFSTATHIADES

Dated: 10/25/2019

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