L20000150879

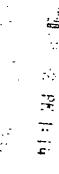
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
=		
	<u> </u>	





600345480286

06/02/20=-01002=-026 **160.00



COVER LETTER

TO:	New Filing Sec Division of Con					
SUBJE	Lee Road 7					
SUBJE	<u></u>	N ₂	one of Lin	ited Liabil	ty Company	
The end	clased Articles of	Organization and	d foo(s) are	: submitted	for filing.	
Please i	etum all correspo	endence concerni	ng this ma	iter to the f	ollowing:	
	Robert S. Fa	rab				
				Name of	Person	
	Lee Road 72	4 LLC				 -
			<u> </u>	Firm/Co	трату	
	1035 Rio St.	Johns Drive				
	<u>- </u>			Addı	ess	
	Jacksonville	, FL 32211				
	bafsilver@gn	ail com	C	ity/State an	d Zip Code	
			to be used	for future a	nnual report notificati	con)
For furth	er information co	ncerning this ma	tter, picase	call:		
	Robert Farah		90 at (4	294-4611	
	Nam	e of Person		rea Code	Daytime Telephon	e Number
Enclose	ed is a check for t	he following amo	xunt:			
□ \$ 125	5.00 Filing Fee	□\$130.00 Fil Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division	eg Address iling Section on of Corporation	ous		Street Address New Filing Section Di The Centre of Tallaha	assec

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lee Road 724 LLC		
(Must conta	in the words "Limited Lial	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	e of the Limited Liability Company is:
<u>Principa</u>	l Office Address:	Mailing Address:
724 Lee Road		1035 Rio St. Johns Drive
Jacksonville, FL 3222	25	Jacksonville, FL 32211
	ddress of the registered ag	
	Robert S. Farah	ате
	Robert S. Farah	ате
	Robert S. Farah N 1035 Rio St. Johns Drive	ате
	Robert S. Farah N 1035 Rio St. Johns Drive	ame
	Robert S. Farah N 1035 Rio St. Johns Drive Florida street address (P	ame

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title;</u>	Name and Address:
"AMBR" = Author	rized Member
"MGR" = Manage	r
AMBR	Robert Farah
7.77	1035 Rio St. Johns Dr.
	Jacksonville. FL 32211
AMBR	Abigail Farah
AMDR	1035 Rio St. Johns Dr.
	Jackosnivlle, FL 32211
4.5.4DD	F1F-1
<u>AMBR</u>	Fuad Farah 1035 Rio St. Johns Dr.
	Jacksonville, FL 32211
	Jackson vinc. 1 C 32211
(F. 1	
(Use attachment if	necessary)
OPPLOTEST FOR A LA	Code at a december 1500 (OPTIONAL)
	e, if other than the date of filing: (OPTIONAL)
•	l, the date must be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
	n this block does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective da	te on the Department of State's records.
A DTICL E VI. Oshor annuisi	: :C
ARTICLE VI: Other provisi	ions, ii any.
REQUIRED SIG	NATURE: // / //
	V + 1) //
	nous fun
	Signature of a member or an authorized representative of a member.
Th	iis document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	m aware that any false information submitted in a document to the Department of State
	nstitutes a third degree felony as provided for in s.817.155, F.S.
	Robert S. Farah

Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

COVER LETTER

Division of Corporations			
Lee Road 724 LLC SUBJECT:			
	Name of Limited Liabi	ity Coперану	
The enclosed Articles of Organization	end foo(s) are submitted	l for filing.	
Please return all correspondence conce	rning this matter to the	following:	
Robert S. Farah			
	Name o	Person	
Lee Road 724 LLC			
	Fam/C	жирену	
1035 Rio St. Johns Drive			
	Add	ress	
Jacksonville, FL 32211			
bafsilver@gmail.com	City/State at	nd Zip Code	
	s: (to be used for future	annual report notificat	ion)
For further information concerning this	matter, please call;		
Robert Farah	904 at (2 94-1 611	
Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is a check for the following a	umount:		
ū	Filing Fee & S1:	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address	
New Filing Section		New Filing Section D	
Division of Corpora	tions	The Centre of Tailah 2415 N. Monroe Stre	
P.O. Box 6327 Tallahassee, FL 323	14	Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Lee Road 724 LLC		
	ain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office	of the Limited Liability Company is:
Princip	al Office Address:	Mailing Address:
724 Lee Road		1035 Rio St. Johns Drive
Jacksonville, FL 322	225	Jacksonville, FL 32211
(The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Reg active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or nt are:
(The Limited Liability Company another business entity with an	cannot serve as its own Reg active Florida registration.) address of the registered age Robert S. Farah	istered Agent. You must designate an individual or
(The Limited Liability Company another business entity with an	cannot serve as its own Reg active Florida registration.) address of the registered age Robert S. Farah	istered Agent. You must designate an individual or nt are:
(The Limited Liability Company another business entity with an	cannot serve as its own Reg active Florida registration.) address of the registered age Robert S. Farah	istered Agent. You must designate an individual or nat are:
(The Limited Liability Company another business entity with an	cannot serve as its own Reg active Florida registration.) address of the registered age Robert S. Farah Na 1035 Rio St. Johns Drive	istered Agent. You must designate an individual or nat are:
(The Limited Liability Company another business entity with an	reamost serve as its own Reg active Florida registration.) address of the registered age Robert S. Farah Na 1035 Rio St. Johns Drive Florida street address (P.	istered Agent. You must designate an individual or nat are:

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

'AMBR" = Authorized Member	Same and Address:	
"MGR" = Manager		
AMBR	Robert Farah	
AWIDK	1035 Rio St, Johns Dr.	
	Jacksonville, FL 32211	
AMBR	Abigail Farah 1035 Rio St. Johns Dr.	-
	Jackosnivlle, FL 32211	
AMBR	Fuad Farah	
	1035 Rio St. Johns Dr. Jacksonville, FL 32211	
	MORDON INC. I D SEET	
Use attachment if necessary)		
E V: Effective date, if other than the date the date is listed, the date must be a filling.)	specific and cannot be more than five business days pr	ior to or 90
ctive date is listed, the date must be : f filing.)	specific and cannot be more than five business days protect the applicable statutory filing requirements, this of	ior to or 90
EV: Effective date, if other than the date tive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days protect the applicable statutory filing requirements, this of	ior to or 90
EV: Effective date, if other than the datective date is listed, the date must be a filling.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days protect the applicable statutory filing requirements, this of	ior to or 90
EV: Effective date, if other than the date tive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days protect the applicable statutory filing requirements, this of	ior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a I This document is executive.	specific and cannot be more than five business days protect meet the applicable statutory filing requirements, this count of State's records. Mean authorized representative of a member cuted in accordance with section 605.0203 (1) (b), Florical countries and section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted in accordance with section 605.0203 (1) (b), Florical countries are cuted at the cuted countries are cuted at the cuted countries are cuted countries are cuted countries.	ior to or 90 date will not
E V: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this document is executed am aware that any factories.	specific and cannot be more than five business days protect meet the applicable statutory filing requirements, this count of State's records. The state of the statutory filing requirements and the state of the s	ior to or 90 date will not
E V: Effective date, if other than the date that is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a in this document is exect I am aware that any faconstitutes a third degree.	t meet the applicable statutory filing requirements, this on of State's records. member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department of the Departmen	ior to or 90 date will not
E V: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this document is executed am aware that any factories.	t meet the applicable statutory filing requirements, this on of State's records. member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department of the Departmen	ior to or 90 date will not
EV: Effective date, if other than the date the date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. Signature of a IT This document is exect I am aware that any faconstitutes a third degree.	t meet the applicable statutory filing requirements, this on of State's records. member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department of the Departmen	ior to or 90 date will not
EV: Effective date, if other than the date tive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I This document is exect I am aware that any faconstitutes a third degree Robert S. Farah	member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department of the D	ior to or 90 date will not
EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this document is exect a managed that any factoristitutes a third degree Robert S. Farales \$125.00 Filling Fee for Articles of C \$30.00 Certified Copy (Optional)	member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department of Elony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	ior to or 90 date will not
EV: Effective date, if other than the date tive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this document is exect a maware that any faconstitutes a third degree Robert S. Faral	member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department of Elony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	ior to or 90 date will not
EV: Effective date, if other than the date ctive date is listed, the date must be a filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this document is exect a managed that any factoristitutes a third degree Robert S. Farales \$125.00 Filling Fee for Articles of C \$30.00 Certified Copy (Optional)	member or an authorized representative of a member cuted in accordance with section 605.0203 (1) (b). Floridate information submitted in a document to the Department of Elony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	ior to or 90 date will not