8/6/2020

Division of Corporations

Florida Departm

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.

(((H20000265772 3)))



H200002657723ABC+

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

Account Name : MORAITIS, COFAR, KARNEY, MORAITIS & QUAILEY

Account Number : I19990000033

: (954)563-4163

Phone

: (954)563-5913

Fax Number

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

dress:	
	dress:

hperry@mcklaw.com

FLORIDA LIMITED LIABILITY CO. LPLACID, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

767 067 2020 12:05 1-04:00 10: 10000170301 11ton: 304000015

ARTICLES OF ORGANIZATION

OF

LPLACID, L.L.C., A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

LPLACID, L.L.C., a Florida limited liability company.

ARTICLE II - Street Address of Principal Office: The street address of the principal office of the Limited Liability Company is:

161 Sunset Terrace Lake Placid, FL 33852

ARTICLE III - Mailing Address of Principal Office: The mailing address of the principal office of the Limited Liability Company is:

508 NE 10th Avenue Fort Lauderdale, FL 33301

ARTICLE IV - Registered Agent. Registered Office & Registered Agent's Signature:

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

Jan Infante 508 NE 10th Avenue Fort Lauderdale, FL 33301

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, Florida Statutes.

Jan Infante, Registered Agent

SECRETARY OF STATE TALLAHASSEE, FLORIDA

18/66/2020 12:03 1-04:00 10: +103001/0301 rROH: \$343033313

ARTICLE V - Management:

The Limited Liability Company is to be managed by one or more managers and the name of the initial managers are Carla Infante, Kent Infante and Jan Infante

ARTICLE VI - Effective Date: The Effective Date of these Articles of Organization is August 6, 2020.

Signature of a member or an authorized representative of a member.

Jan Infante, Member

(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 Section 817.155, Florida Statutes.)

Filing Fees:

\$ 100.00 - Filing Fee for Articles of Organization

\$ 25.00 - Designation of Registered Agent

\$30,00 - Certified Copy (optional)

\$ 5.00 - Certificate of Status (optional)