

9/9/2020

2020/09/09 15:33:10 3 / 5

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Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6381

From:

Account Name : AKERMAN LLP - FT. LAUDERDALE  
Account Number : I19980000010  
Phone : (954)463-2700  
Fax Number : (954)463-2224

ATTN: Amanda Lewis - ORL - #375364

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OFFICE OF  
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### FLORIDA LIMITED LIABILITY CO. 725 E ORANGE LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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2020/09/09 15:32:29 4 / 5

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RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**ARTICLES OF ORGANIZATION  
OF  
725 E ORANGE LLC**

**ARTICLE I - Name:**

The name of the limited liability company is **725 E ORANGE LLC** (the "Company").

**ARTICLE II - Address:**

The mailing address and street address of the Company is 1526 Commercial Park Dr., Suite 2, Lakeland, FL 33801.

**ARTICLE III - Existence and Duration:**

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

**ARTICLE IV - Management:**

The Company shall be managed by a manager elected from time to time in accordance with the Operating Agreement of the Company.

**ARTICLE V - Authorized Representative:**

The name and address of the authorized representative of the Company is:


Kristi Lawrence  
1526 Commercial Park Dr., Suite 2  
Lakeland, FL 33801

**ARTICLE VI - Registered Agent**

The name and Florida street address of the initial registered agent of the Company is:

Kristi Lawrence  
1526 Commercial Park Dr., Suite 2  
Lakeland, FL 33801

*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.*

  
\_\_\_\_\_  
Kristi Lawrence, Registered Agent

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Kristi Lawrence  
Authorized Representative

(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.)