# L20000314879

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TALLAHASSEE, FLORIDA

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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



### **ORDER FORM**

TO | Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM\_

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST	DATE	10/13/2020
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PRIORITY Routine

OUR REF\_#\_(Order\_ID#) 856873

ORDER ENTITY

LBR 3950 N DEAN ROAD INVESTMENT LLC

PLEASE PERFORM THE FOLLOWING SERVICE	S:
LBR 3950 N DEAN ROAD INVESTMENT LLC	(FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: amitzelfelt@heinzlaw.com

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely!

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, October 13, 2020 Page 1 of 1

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

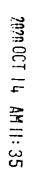
ARTICLE I - Name:

_LBR 3950 N Dean R	oad Investment LLC		
(Must conta	in the words "Limited Li	ability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ice of the Limi	ted Liability Company is:
Principal Office Address:			Mailing Address:
416 Bethlehem Pike		1	116 Bethlehem Pike
Fort Washington, PA 19034		<del></del> -	fort Washington, PA 19034
ARTICLE III - Registered Ager The Limited Liability Company o	nt, Registered Office, &	Registered A	
ARTICLE III - Registered Ager	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Ages	gent's Signature:
ARTICLE III - Registered Ager The Limited Liability Company on mother business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered A egistered Age ) gent are:	gent's Signature:
ARTICLE III - Registered Ager The Limited Liability Company on mother business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration. ddress of the registered a Incorporating Services	Registered A egistered Age ) gent are:	gent's Signature:
ARTICLE III - Registered Ager The Limited Liability Company on mother business entity with an ac	nt, Registered Office, & cannot serve as its own R ctive Florida registration. ddress of the registered a Incorporating Services	Registered A egistered Age ) gent are:	gent's Signature:
ARTICLE III - Registered Ager The Limited Liability Company on mother business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.  ddress of the registered a	Registered A egistered Age () gent are: , Ltd. Name	gent's Signature: nt. You must designate an individual or
ARTICLE III - Registered Ager The Limited Liability Company on mother business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.  Incorporating Services  1540 Glenway Drive	Registered A egistered Age () gent are: , Ltd. Name	gent's Signature: nt. You must designate an individual or

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: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<del> </del>	
(Use attachment if necessary)	
n effective date is listed, the date must be sp date of filing.)	c of filing:
l'ICLE VI: Other provisions, if any.	
	)
REOUIRED SIGNATURE:  Signature of a me This document is execu I am aware that any false	ember or an authorized representative of a member.  ned in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)