L71000337589

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		ţ

Office Use Only

J. FASON JUL 22 2021



800370287458

2021 J.E. 21 PH 2: 10

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/21/2021

NAME: LANA VENTURES, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	. O !			
The name of the Limited Liabil	ity Company is:			
Lana Ventures, LLC		iahility Com	pany, "L.L.C.," or "LLC.")	
(141ust con	latin the words Emilied	Jubini, con	pany, 2.2.0., or 2501 y	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the L	mited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
250 Congress Park D	r, Apt 208		250 Congress Park Dr. Apt 208	
Delray Beach, FL 334			Delray Beach, FL 33445	
(The Limited Liability Compar another business entity with an The name and the Florida stree	active Florida registratio	n.) agent are: twork, Inc. Name	gent. You must designate an individual or	
	North Palm Beach	FL.	33408	
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the appo provisions of all statutes re	pintment as re clating to the us registered	for the above stated limited liability company gistered agent and agree to act in this capacity or and complete performance of my dutagent as provided for in Chapter 605, F.S Mills, Vice President	city. I
	Registe	ered Agent's	Signature (REQUIRED)	
				207
		(CONTIN	JED)	<u> </u>

1,47,21 M1 8:50

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR	Title:	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	PRI, LLC
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		250 Congress Park Dr. Apt 208
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		20
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		<u> </u>
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	•	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		2
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		ά;
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S. Aaron Granott, Authorized Signer	e of filing.) If the date inserted in this block does not cument's effective date on the Department.	t meet the applicable statutory filing requirements, this date will not be
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S. Aaron Granott, Authorized Signer	TLE VI: Other provisions, if any.	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S. Aaron Granott, Authorized Signer	REQUIRED SIGNATURE:	0888-
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S. Aaron Granott, Authorized Signer		
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 s.817.155, F.S. Aaron Granott, Authorized Signer	Signature of a r	member or an authorized representative of a member.
constitutes a third degree felony as provided for in s.817.155, F.S. Aaron Granott, Authorized Signer		
Aaron Granott, Authorized Signer	This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	This document is exec I am aware that any fal	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State
Typed or printed name of signee	This document is exec I am aware that any fal constitutes a third degr	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

as

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)