

L21000396706

(Requestor's Name)

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PICK-UP WAIT MAIL

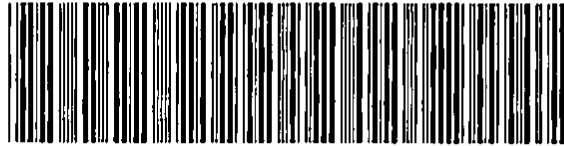
(Business Entity Name)

(Document Number)

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DATE: 9/3/21

NAME: LAKELAND GP LLC

TYPE OF FILING: ARTICLES

COST: 125.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

at Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2021

FLORIDA FILING

SUBJECT: LAKELAND GP LLC
Ref. Number: W21000120910

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for LAKELAND GP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the Title for Tim Kane MRG?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00021480

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Thank you!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STA
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakeland GP LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

351 E. Conestoga Road
Suite 207
Wayne, PA 19087

351 E. Conestoga Road, Suite 207
Suite 207
Wayne, PA 19087

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Registered Agent Solutions, Inc.
Name

155 Office Plaza Drive, Suite A
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee Florida 32301
City State Zip

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)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

Tom Dunkel
351 E. Conestoga Road, Suite 207
Wayne, PA 19087

MGR

Joseph Downs
351 E. Conestoga Road, Suite 207
Wayne, PA 19087

MGR

Tim Kane
408 N. Henry Street
Alexandria, VA 22314

MGR

Joseph Ryan Smolarz
P.O. Box 10553
St. Thomas, Virgin Islands 00802

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TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Tom Dunkel

Typed or printed name of signee

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)