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COVER LETTER

Division of Corporations
SUBJECT: Lange Lange & Reverend Lange LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anne Lange Name of Person
Name of Person
Firm/Company
6056 Eagle Watch Ct Address
N Ft Myers FL 33917 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anne Lange at (239) 731-8879 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Lange Lange a Reverend Lange 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:
1328 NE 8th Terrace	6056 Eagle Watch Ct
Cape Coral FL 33909	NFt Myers FL 33917

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:

Anne Lange	
Name	
6056 Eagle	Watch Ct
Florida street address (P.O. Box XC	II acceptable)
N Ft myers F	L 33917
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)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager Mg ✓	Lucas Lange 2549 Sw 29th Terrace
N	Cape Coral Fu 33914
mg.c.	Mark Lange 6056 Fagte Watch Ct N FF Myers FL 33917
AR	Anne Lange 6056 Eagle Water Ct NF+ Myers FL 33917
(Use attachment if necessary)	
the date of filing.)	ific and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
REOUIRED SIGNATURE:	6
Clune 7	n Large
Signature of a men This document is execute I am aware that any false i	ober or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2022 JAN 31 PH 7: 06