Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A.

Account Number : 075350000207 Phone : (904)829-9066

Fax Number

: (904)825-4862

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

<b>Email</b>	Address:	l			

# FLORIDA LIMITED LIABILITY CO. LANCO REAL ESTATE, LLC

Certificate of Status	0
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## **COVER LETTER**

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Please re	sturn all correspo	ndence concerning	this matter to the f	ollowing:				
	ALLYSON I	3. CURRIE, ESQ.						
			Name of	Person				
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	780 N. PON	CE DE LEON BOU	JLEVARD					
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL)	: I -	Name:	
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The name of the Limited Liability Company is:

LANCO REAL ESTATE, 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:

201 W. North River Drive, Suite 515
Spokane, Washington 99201

201 W. North River Drive, Suite 515

Spokane, Washington 99201

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:

ALLYSON B. CURRIE, ESQ.

Name

780 N. PONCE DE LEON BOULEVARD

Florida street address (P.O. Box NOT acceptable)

ST. AUGUSTINE

**FLORIDA** 

32084

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 a registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALL ANASSEE, FLORIDA

2022 JUN -2 AM 7: 43

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		Name and Address:	
"AMBR" = Authorized !	Viember		·:
"MGR" = Manager			
MGR	·	THE LANTERMAN REVOCABLE LIVING TRUST	·
<u> </u>	-	201 W. North River Drive, Suite 515	
	•	Spokane. Washington 99201	~~
	. *		_
, 			
MOR ·	<u>-</u> .	LISA J. HUNT	<del>_</del> ,
		201 W. North River Drive, Suite 515 Spokane, Washington 99201	<b>-</b> ' '
		Divinite, (Tantalistics, 7720)	
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