Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

| Email | Address: | | |
|-------|----------|--|--|
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FLORIDA LIMITED LIABILITY CO.

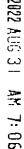
Lakeland 44 Goodyear, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help Feb



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Lakeland 44 Goodyear, LLC | |
|--|--------------------------------------|
| (Must contain the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ETICLE II - Address: | |
| e mailing address and street address of the principal office | of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| | |
| 1619 - 1655 Goodyear Ave | 1619 - 1655 Goodyear Ave |

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

| Vcorp Sen | rices, LLC | |
|-----------------------|----------------------------|-------------|
| | Name | |
| 1200 South Pine Isla | nd Road | |
| Florida street addres | s (P.O. Box <u>NOT</u> acc | eptable) |
| Plantation | Florida | 33324 |
| 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..

By: Miriam Nachison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Same and Address: |
|--|---|
| MGR | Antonio Salgado |
| | 1619 _ 1655 Goodyear Ave Lakeland, FL 33801 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Ose anacument is necessary) | |
| CLE V: Effective date, if other than the d | ate of filing: (OPTIONAL) |
| CLEV: Effective date, if other than the d effective date is listed, the date must be | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days |
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)