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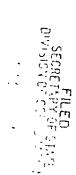
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PICK-UP WAIT MAIL
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c Copies Certificates of Status
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ral Instructions to Filing Officer:
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# FLORIDA 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: 01/25/23

NAME: 12302 ROPER CLERMONT, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### COVER LETTER

	New Filing Section Division of Corporations				
end ie	12302 Roper Clermont, LLC				
SUBJEC	T:Name	of Limite	d Liabil	ity Company	
The encle	osed Articles of Organization and fee	e(s) are st	ubmitted	for filing.	
Please re	turn all correspondence concerning t	his matte	r to the	following:	
	Thomas R. Lamons				
		7	Name of	Person	<del></del>
	Law Offices of Thomas R. Lamo	ns, APC			
			Firm/Co	mpany	
	600 Anton Blvd., 11th Floor				
			Addr	¢55	
	Costa Mesa, CA 92626				
	tłamons@lamonslaw.com	City/	State an	d Zip Code	
	E-mail address: (to be	used for	future a	innual report notificat	ion)
For further	information concerning this matter,	please ca	JI:		
	Thomas R. Lamons	714 at (		371-4163	
	Name of Person		Code	Daytime Telephon	ne Number
Enclosed	is a check for the following amount:				
	00 Filing Fee State  Certificate of State	ee &	Centifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address			Street Address	
	New Filing Section Division of Corporations			New Filing Section D The Centre of Tallaha	

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

ARTICLE 1 - Name: The name of the Limited Liability C	Company is:				
12202 B Claman	u.c				
12302 Roper Clermont, (Must contain		Liability Comp	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street addr	ess of the principal of	ffice of the Li	mited Liability Company is:		
<u>Principal (</u>	Office Address:		Mailing Add	ress:	
Orlando, Fl. 38232			Orlando, FL 38232		
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti The name and the Florida street add	nnot serve as its own ve Florida registration	Registered Ag n.)		ض.	
;	Paracorp Incorpora	ated			
-		Name			
_	155 Office Plaza (	Orive. 1st Flo	oor		
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)		
1	allahassee	FL	32301		
	City	State	Zip		
Having been named as registered age place designated in this certificate, I h further agree to comply with the provi am familiar with and accept the obliga	ereby accept the appo sions of all statutes re ations of my position o	piniment as reg lating to the p as registered a	gistered agent and agree to act roper and complete performar gent as provided for in Chapte	in this capacity. I nce of my duties, and I	
		ee attachmei			
	Registe	ered Agent's S	ignature (REQUIRED)		
		(CONTINU	ED)		

	Name and Address:	
"AMBR" = Authorized Me	ember	
"MGR" = Manager		
AMBR	Joe Ba	_
	11863 Philosophy Way	_
	Orlando, FL 38232	<del>-</del>
A 3.413.13	Vistor Cun	:
AMBR	Victor Sun 11863 Philosophy Way	<del></del> •
	Orlando, FL 38232	_ · `
	Ottamaoj v 3 Journal	_ \(\cdot\)
		Ć.
AMBR	Yinfei Hu	
	11863 Philosophy Way	:
	Orlando, Fl. 38232	·
AMEN	CHILL Ch	<u> </u>
AMBR	Chikai Chen 11863 Philosophy Way	
	Orlando, FL 38232	_
(Use attachment if necessar	ry)	
LE V: Effective date, if other	r than the date of filing:	
	te must be specific and cannot be more than five business days prior to or 9	0 days a
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Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Thomas R. Lamons
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

# STATE OF FLORIDA

# REGISTERED AGENT CONSENT FORM

DATE: 1/24/2023

ENTITY NAME: 12302 Roper Clermont, LLC

## **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated