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	(Requestor's Name)	
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
	(City/State/Zip/Prione #)	
PICK-UP	WAIT M	AIL
		AIL.
	(Business Entity Name)	
	,,	
	(December Number)	
	(Document Number)	
Certified Copies	Certificates of Status	
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Special Instructions to	Filing Officer:	

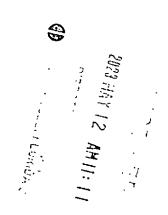
Office Use Only



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S. CHATHAM MAY 15 2023





Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM :

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE, 5/12/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1145852

ORDER ENTITY

LADY LAKE APARTMENT DEVELOPMENT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: LADY LAKE APARTMENT DEVELOPMENT, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:____

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, May 12, 2023 Page 1 of 1

COVER LETTER

	ew Filing Sec ivision of Co				
SURIFCT	Lady Lake	Apartment Developme	ent, LLC		
SOBSECT	•	Name of	Limited Liab	ility Company	
The enclos	ed Articles of	Organization and fee(s) are submitte	ed for filing.	
Please retu	rn all correspo	ondence concerning thi	s matter to the	following:	
	Michael Nie	derst			
			Name o	of Person	_
	NM Resider	itial, LLC			
			Firm/C	Company	
	485 N. Kello	r Road, Suite 520			
			Ade	dress	
	Maitland, Fl	orida 32751			
	mniederst@n	mresidential.com	City/State a	ind Zip Code	
-			sed for future	annual report notificat	ion)
For further in	nformation co	ncerning this matter, pl	ease call:		
	Peggy Beiste	 	216	310-4937	
	Nam	e of Person	Area Code	Daytime Telephon	ne Number
Enclosed is	a check for t	he following amount:			
≣\$125.00	Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah. 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ment Development, LLC					
(Must c	contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the Limited L	Liability Company is:			
Prin	cipal Office Address:		Mailing Addres	<u>ss</u> :		
₫85 N. Keller Ros	485 N. Keller Road, Suite 520		485 N. Keller Road, Suite 520			
Maitland, Florida 32751		Maitle	and, Florida 32751			
The name and the Florida stre	cct address of the registere Godbold, Downing.	_			2023 HAY 12 F	
		ss (P.O. Box <u>NOT</u> acc	,		PH 12: 25	
		venue, Suite 101	Septable) 32789 Zip	- <u> 1</u> 1 2 - 1	12: 2	

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Men "MGR" = Manager	nber	
MGR	Michael Niederst	
	485 N. Keller Road, Suite 520	<i>-</i> -
	Maitland, Florida 32751	- ~>
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		_
he date of filing.)	e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.	
RTICLE VI: Other provisions, if any	<u> </u>	
		<u></u>
REQUIRED SIGNATURE	711	
This docume I am aware t	ture of a member or an authorized representative of a member, ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
Mich	nael Niederst Typed or printed name of signee	
	cyped of 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)