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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

≓rom:

Account Name : RASI

Account Number : 120220000023

Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:___

FLORIDA LIMITED LIABILITY CO.

11204 Lakewood Plaza LLC

Certificate of Status	Ú
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Help





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Page, 2 of 4

The name of the Limited Liability Company is:

11204 Lakewood Plaza LLC
(Musi 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:
11204 E Dr Martin Luther King Jr Blvd.	2132 Ironwood Road
Seffner, FLA 33584	Muttontown, NY 11791

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:

Steven Band

Name

Clo Executive Property Management Group, 1751 Mound Street, Unit 206

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

Surasota FL 34236

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. Thereby 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 obliquions of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	L. Linck, D. Land
<u> </u>	Indranie Persaud
AMBR	2132 Ironwood Road Muttontown, NY 11791
	PARTITION OF THE PARTIT
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	The state of the s
(If an effective date is listed, the date must be the date of filing.)	ate of filing:

Typed or printed name of signer

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

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)