10/12/23, 2:18 PM

# Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASDICK, STANTON, EARLY, P.A.

Account Number : 075350000152 : (407)423-5203

Fax Number : (407)425-4105

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

mgraff@graffholdings.com Email Address:

#### FLORIDA LIMITED LIABILITY CO.

Lingo Landing, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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### COVER LETTER

| TO:        | New Filing So<br>Division of Co |                                     |                   |          |  |                            |  |            |               |
|------------|---------------------------------|-------------------------------------|-------------------|----------|--|----------------------------|--|------------|---------------|
| SUBIE      | Lingo La                        | nding, LLC                          |                   |          |  |                            |  |            |               |
| SUBJE      | ui:                             | Nan                                 | ne of Limited     | Liabili  | ity Company  |                            |  |            |               |
| The enc    | losed Articles o                | of Organization and                 | fee(s) are sub    | mitted   | for filing.  |                            |  |            |               |
| Please n   | etum all corres                 | pondence concernin                  | g this matter (   | to the f | ollowing:  |                            |  |            |               |
|            | Erin Prete                      |                                     |                   |          |  |                            |  |            |               |
|            | <del></del>                     |                                     | N                 | ame of   | Person   |                            |  |            |               |
|            | Gasdick St                      | anton Early, P.A.                   |                   |          |  |                            |  |            |               |
|            | <del></del>                     |                                     | F                 | irm/Co   | mpany  |                            |  |            |               |
|            | 1601 W C                        | olonial Drive                       |                   |          |  |                            |  |            |               |
|            |                                 |                                     |                   | Addr     | ess  | <del></del>                | <del></del>                                |            |               |
|            | Orlando, F                      | L 32804                             |                   |          |  |                            |  |            |               |
|            | mgraff@jgra                     | affholdings.com                     | City/S            | tate an  | d Zip Code   |                            |  |            |               |
|            |                                 | <del></del>                         | be used for I     | future s | innual report notificat                              | ion)                       |  |            |               |
| Far furthe | er information o                | concerning this matte               | er, please call   | l:       |  |                            |  |            |               |
|            | Erin Prete                      |                                     | 407<br>at (       |          | 423-5203   |                            |  |            |               |
|            | Na                              | me of Person                        | Area (            | Code     | Daytime Telephon                                     | e Number                   | Tiel<br>SI                                 | 707        |               |
| Enclose    | d is a check for                | the following amou                  | ınt:              |          |  |                            |  | 300        |               |
| _          | .00 Filing Fee                  | □\$130.00 Filin<br>Certificate of S | ig Fee &<br>tatus | Certifi  | 5.00 Filing Fee &<br>ed Copy<br>at copy is enclosed) | Certificate<br>Certified ( | Filing Fee, of Status & Opy Opy is enclose | 70         | Carrie Carrie |
|            | •                               | ling Address<br>Filing Section      |                   |          | Street Address<br>New Filing Section D               | livision                   | 5  | ₩ <b>9</b> |               |
|            |                                 | roing Section sion of Corporations  | 5                 |          | The Centre of Taliah                                 |                            |  |            |               |
|            | P.O.                            | Box 6327                            |                   |          | 2415 N. Monroe Stre                                  |                            |  |            |               |
|            | Tall                            | ahassee, FL 32314                   |                   |          | Tallahassee, FL 3230                                 | )3                         |  |            |               |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is:   |                  |   |
|---|------------------|---|
| Lingo Landing, LLC  |                  |   |
| (Must contain the words "Limited E  | iability Com     | pany, "L.L.C.," or "LLC.")                                      |
| ARTICLE II - Address: The mailing address and street address of the principal of  | Tice of the Li   | mited Liability Company is:                                     |
| Principal Office Address:   |                  | Mailing Address:  |
| 889 E. Anderson Rd.   |                  | 889 E. Anderson Rd.   |
| Suite 100   |                  | Suite 100   |
| Groveland, FL 34736   |                  | Groveland, FL 34736   |
| ARTICLE III - Registered Agent, Registered Office, a (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered. | Registered Apn.) | Agent's Signature:<br>gent. You must designate an individual or |
| Mark J. Graff   | Name             |   |
|   | Name             |   |
| 889 E. Anderson Rd.   | Suite 100        |   |
| Florida street address  | (P.O. Box N      | OT acceptable)  |
| Groveland   | FL               | 34736   |
| 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..

Registered Agents Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

|   | Name and Address:  |
|---|--|
| 'MGR" = Manager   |  |
| Manager   | Mark J. Graff  |
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| Hannest Marine Marine   |  |
| EV: Effective date, if other than the da<br>ctive date is listed, the date must be s  | te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90  |
| ctive date is listed, the date must be s<br>f filing.)  | specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not  |
| EV: Effective date, if other than the da<br>ctive date is listed, the date must be s<br>f filing.)<br>the date inserted in this block does not<br>nent's effective date on the Departmen  | specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not  |
| EV: Effective date, if other than the da ctive date is listed, the date must be stifiling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exert   | meet the applicable statutory filing requirements, this date will not at of State's records.  The member of an authorized representative of a member, stated in accordance with section 605 0203 (1) (b). Florida Statutes |
| CV: Effective date, if other than the dactive date is listed, the date must be stilling.) the date inserted in this block does not ment's effective date on the Department of a VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exert am aware that any faconstitutes a third degree. | meet the applicable statutory filing requirements, this date will not at of State's records.   |
| EV: Effective date, if other than the da ctive date is listed, the date must be stifiling.) the date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exert   | meet the applicable statutory filing requirements, this date will not at of State's records.  The member of an authorized representative of a member, stated in accordance with section 605 0203 (1) (b). Florida Statutes |

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\$ 5.00 Certificate of Status (Optional)