L23000513141

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/15/2023	<u> </u>		⇔WALK IN
entity name ^{LGI V}	IBES, LLC		777LAC 11
DOCUMENT NUMBER	R		
	PLEASE FILE T	THE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
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	Certificate of Good S	NOTARIAL CERTIFICATION**	<u>-</u>
COUNTRY OF DESTIN			
NUMBER OF CERTIFIC	CATES REQUESTED		_
TOTAL OWED \$125		ACCOUNT #: 120160000072	
		5 8 FM	
Please call Time at.	the above number kno	r any issues or concerns. Thank you so	much/

COVER LETTER

The second of the second of the second

Division of C	Section Corporations			
LGI VII	BES LLC, a Florida limited li	ability com	oany	
SUBJECT:	Name of Lir	nited Liabili	ty Company	
The enclosed Articles	of Organization and fee(s) are	e submitted	for filing.	
Please return all corre	spondence concerning this ma	itter to the f	ollowing:	
Sapphire i	Marquez			
		Name of	Person	
SunDoc F	ilings			
		Firm/Co	mpany	
7801 Fols	om Blvd Ste 202			
		Addre	255	
Sacramen	to CA 95826			
tortiz@mic	C haelbelle.com	ity/State and	d Zip Code	
<u></u>	E-mail address: (to be used	for future a	nnual report notificati	on)
For further information	concerning this matter, please	call:		
TONYA C		•	232-1454	
N		rea Code	Daytime Telephone	e Number
Enclosed is a check fo	r the following amount:			
■\$125.00 Filing Fee	□\$130.00 Fiting Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address New Filing Section Di	vision
Divi	Filing Section ision of Corporations		The Centre of Tallaha	issee
	. Box 6327 ahassee, FL 32314		2415 N. Monroe Stree Fallahassee, FL 3230:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Florida limited liability		M I C " - M I C "	
(Must cont	ain the words "Limited	Liabliny Company,	T.A.C., or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
4844 HOYER DR.		4844	HOYER DR.	
Sarasota, FL 34241		Saras	ota, FL 34241	
The name and the Florida street a	address of the registered Michael Belle	agent are:		
		Name		
	2364 Fruitville Rd	Name		
	2364 Fruitville Rd Florida street addres.		ceptable)	
			ceptable) 34237	
	Florida street address	s (P.O. Box <u>NOT</u> ac	•	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obj	Florida street address Sarasota City I hereby accept the approvisions of all statutes re	s (P.O. Box <u>NOT</u> ac <u>FL</u> State ice of process for the pointment as registere plating to the proper	34237 Zip above stated limited liability complete generated oct in this count and agree to act in this count complete performance of my	pacity. I luties, and I

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Darren Bruce Howard as Trustee of the Darren Bruce
	Howard Trust 2017 dated March 31, 2017
	4844 HOYER DR, Sarasota, FL 34241
AMBR	Kelly Ann Howard as Trustee of the Kelly Ann Howard
AMDK	2017 Trust dated March 31, 2017
	2017 Trust dated March 31, 2017 4844 HOYER DR. Sarasota, FL 34241
	
(Use attachment if necessary)	
SE 10 N.C. 1740 Advis due 14 advis du 2	
	To the Parties of the Control of the
Starting data is listed, the data must	he date of filing:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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