## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

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

Email Address: richard.lyons@lyons-law.com

## FLORIDA LIMITED LIABILITY CO. 20020 VETERANS BOULEVARD NO. 11, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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### ARTICLES OF ORGANIZATION OF 20020 VETERANS BOULEVARD NO. 11, LLC

ARTICLE I - NAME

The name of the limited liability company is 20020 Veterans Boulevard No. 11, LLC (the "Company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:

20020 Veterans Boulevard, Suite 11 Port Charlotte, Florida 33954 Mailing Address:

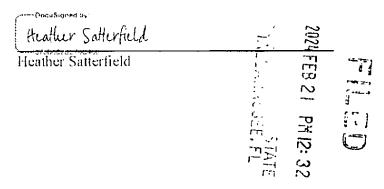
20020 Veterans Boulevard, Suite 11 Port Charlotte, Florida 33954

# ARTICLE III - REGISTERED AGENT. REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Heather Satterfield 20020 Veterans Boulevard, Suite 11 Port Charlotte, Florida 33954

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.



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#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Heather Satterfield 20020 Veterans Boulevard, Suite 11

Port Charlotte, Florida 33954

REQUIRED SIGNATURE:

--- DocuSigned by:

Heather Satterfield

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203(1)(b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Heather Satterfield

Typed or printed name of signee

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