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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
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****Enter the email address for this business entity to be used for future
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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.

DocuSigned by:
Heather Satterfield
Heather Satterfield

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STATE
PORT CHARLOTTE, FL

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

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 605.0293(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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