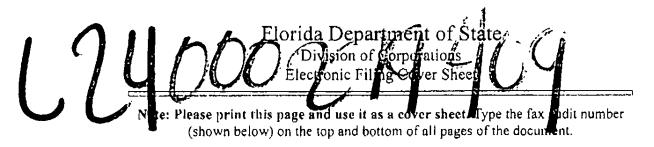
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SAXON GILMORE & CARRAWAY, P.A.

Account Number : I20180000023 Phone : (813)314-4551 Fax Number : (813)314-4555

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

Email Address: FLCORP@SAXONGILMORE.COM_____

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FLORIDA LIMITED LIABILITY CO. LCHA CORAL PINES, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Help

(((H24000214182 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIADILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LCHA CORAL PINES, LLC

(Must 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:

14170 WARNER CIRCLE

FORT MYERS, FL. 33903

14170 WARNER CIRCLE FORT MYERS, PL 33903

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.

BERNICE S. SAXON, ESQ

Name

201 E. KBNNEDY BLVD., SUITE 600

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

FI.

TAMPA City

Stato

33602 Zip

Having been named as registored 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-Agent's Signature (REQUIRED)

(CONTINUED)

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AMBR		
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tive date is listed, the filing.) he date inserted in this	date must be specific and block does not meet the the hite Dapartment of State	. (OPTIONAL) Indicannot be more than five business days prior to Implicable statutory filing requirements, this date with the records.
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This do I am aw	cument is executed in so vare that any false inform	ation submitted in a document to the Department of S as provided for in \$.817.155, F.S.