

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000373049
FILED 8:00 AM
August 26, 2024
Sec. Of State
fclerjuste**

Article I

The name of the Limited Liability Company is:

LAKEVIEW COTTAGE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

945 LAKEVIEW OAKS DRIVE
MINNEOLA, FL. US 34715

The mailing address of the Limited Liability Company is:

429 SHADY PINE COURT
MINNEOLA, FL. US 34715

Article III

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

ANDREA WRIGHT
945 LAKEVIEW OAKS DRIVE
MINNEOLA, FL. 34715

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.

Registered Agent Signature: ANDREA WRIGHT

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
RAYMOND SMITH
429 SHADY PINE CT
MINNEOLA, FL. 34715 US

Title: MGR
TIMOTHY CLARKE
10527 BLACKMORE DRIVE
TAMPA, FL. 33647 US

Title: MGR
TIFFANY CLARKE
945 LAKEVIEW OAKS DRIVE
MINNEOLA, FL. 34715 UN

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Article V

The effective date for this Limited Liability Company shall be:

08/25/2024

Signature of member or an authorized representative

Electronic Signature: ANDREA SMITH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.