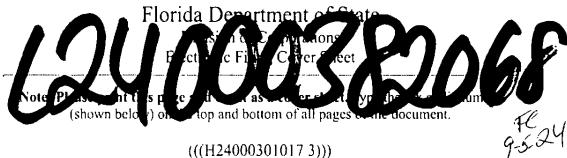
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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 : (904)257-5777 Fax Number : (904)347-2738

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

Email Address:	

FLORIDA LIMITED LIABILITY CO. LAKE ELSIE LLC

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

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Help



(t(H24000253116.3)t)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LABILITY COMPANY

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The name of the Limited Liability Company is:

LAKE ELSIE 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:

rrincipal Office Address:	stanna Agglesz:
127 US-17	14 ALBEMARLE AVE
HAINES CITY, FL 33844	LEXINGTON, MA 02420

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:

Data stand Office Address.

SODL & INGRAM PLLC

Name

1617 SAN MARCO BOULEVARD

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

JACKSONVILLE FL 32207

City State Zip

bility company at the tin this capacity. I

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..

Registered Agent's Signature (REQUIRED)
Andrew M. Sodl, as Authorized Representative

(CONTINUED)

ARTICLE IV-

((H24000253116 3)))

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	YINGJIE WEI	_
	14 ALBEMARLE AVE LEXINGTON, MA 02420	-
		_
MGR	JANE CHEN	
	14 ALBEMARLE AVE	_
	LEXINGTON, MA 02420	-
		_
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LEX	INGTON, MA 02420	
(Use attachment if necessary)		
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)