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PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

	New Filing Sec Division of Co					
		1102, LLC				
SUBJEC	CT:	Nan	ne of Limited Liabi	lity Company		
The encl	osed Articles of	Organization and	fee(s) are submitte	d for filing.		
		ondence concernin				
	Hunter Stah	1		·		
		•	Mana	f Person		
			, Name o	r Person		2024 007
	Threlkeld L	aw, P.A.				Ú) i
			Firm/C	ompany		23
	3003 Tamia	mi Trail N Ste. 400	)			73
			Add	ress		
	Naples, FL	34103				, <del></del>
			City/State a	nd Zip Code		
	hunter@naple		1.000		<u> </u>	
				annual report notificat	ion)	
for further	r information co	ncerning this matte	er, please call:			
	Hunter Stahl		239 at (	234-5034		
	Nan	ne of Person	Area Code	Daytime Telephon	e Number	
Enclosed	I is a check for t	he following amou	nt:			
	00 Filing Fee	□\$130.00 Filin Certificate of S	g Fee & □\$1. latus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 F Certificate o Certified Co (additional cop	f Status & py
		ng Address		Street Address New Filing Section D	ioloica.	
	Divisi	Filing Section on of Corporations Box 6327		The Centre of Tallah 2415 N. Monroe Stre	assee	

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Principal Office Address:    Mailing Address   Mailing Address	Lake Park 1102		Liability Company	of LC TorellC T	
Principal Office Address:    Mailing Address   Mailing Address	(Musi	contain the words. Enfined	Etability Company,	E.I.C., Of EEC. )	
Principal Office Address:  3601 27th St N Arlington, VA 22207  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 mother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Threlkeld Law, P.A.   Name	ARTICLE II - Address:	as se calidado y o Cela y maimainal a	office of the Limited	Liability Campanyiy	
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 mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:  Threlkeld Law, P.A.  Name  3003 Tamiami Trail N. Ste. 400  Florida street address (P.O. Box NOT acceptable)  Naples  FL  34103  City  State  Zip  Taving been named as registered agent and to accept service of process for the above stated limited liability company at acceptagrated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity, where agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, where agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, where agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, where the appointment is the proper and complete performance of my duties, where the appointment is the proper and complete performance of my duties, and the proper and complete performance of my duties, and the proper and complete performance of my duties.	ne mailing address and su	reet address of the principal of	office of the Limited	Liability Company is:	
Arlington, VA 22207  Arlington	<u>Pri</u>	incipal Office Address:		Mailing Addre	ess:
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n familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	The name and the Florida s	_			:
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Tyler Stahl Registered Agent's Signature (REQUIRED)	aving been named as regist ace designated in this certif rther agree to comply with t	Threlkeld Law, P.A.  3003 Tamiami Trail  Florida street addres  Naples  City  ered agent and to accept serve ficate, I hereby accept the app the provisions of all statutes rethe obligations of my position.	Name N. Ste. 400 IS (P.O. Box NOT action of process for the cointment as registere elating to the proper as registered agent a	34103 Zip above stated limited liabiled agent and agree to act is and complete performances provided for in Chapter	lity company at the this capacity. It is a few duties, and a this capacity. It is a few duties, and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a this capacity. It is a few duties and a few duties and a few duties are a few duties and a few duties and a few duties are a few duties and a few duties and a few duties are a few duties and a few duties and a few duties are a few duties and a few duties and a few duties are a few duties and a few duties are a few duties and a few duties and a few duties are a few duties and a few duties are a few duties and a few duties and a few duties are a few duties and a few duties and a few duties are a few duties are a few duties and a few duties are a few duties and a few duties are a few duties and a few duties are a

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#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Barry E. Seymour
<del>'</del>	3601 27th St N
	Arlington, VA 22207
AMBR	Ladan Seymour
	3601 27th St N
	Arlington, VA 22207
	2021
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(Use attachment if necessary)	1
(Ose attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after
<b>Note:</b> If the date inserted in this block do the document's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depa	rament of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
	Tyler Stahl of a member of an authorized representative of a member.
Signature	of a member of an authorized representative of a member.
This document is	s executed in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that a constitutes a third	my false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Tyler Stal	hl - Authorized representative
	Typed or printed name of signee

#### 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)