Division of Corporations Electronic Filing Cover Sheet-

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number ; (800)432-3622

**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.

LCW Little Road, LLC

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Electronic Filing Menu Corporate Filing Menu

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400	COVER	LETTER	-	•	•
	lew Filing Section Division of Corporations		· ~~		
SUBJEC	r:LCW_Little Road, LLC		•		
	Name of Limited	Liability Compar	ıy		
	sed Articles of Organization and fee(s) are sub				
Please ren	rn all correspondence concerning this matter	to the following:			
	KRISTEN BERNSTEIN				
		ame of Person	Y Fa		
	Capitol Services - Corporate Fi				
Enclo «	Fi	irm/Company	•		
, 1.	515 East Park Avenue 2nd Fl		3	;	
		Address	i,		
	Tallahassee, FL 32301				
	City/S KRISTEN@MADISONCAPGRO	tate and Zip Code	t		73.
	E-mail address: (to be used for f	uture annual repo	notification) / ; ; ;	
For further i	nformation concerning this matter, please call	:		`:	
	at (85	55 <u>)</u> 498	5500		
•	Name of Person Area C	ode Daytime	Telephone?	Number	
Enclosed i	s a check for the following amount:				
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\$125.00 F	Certificate of Status	\$155.00 Filing Fe Certified Copy Iditional copy is a	nclosed)	S160.00 Filing F Certificate of Sta Certified Copy (additional copy is	itus &
	Mailing Address	Street Add	lress		
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of The Centro 2415 N. M	nt Section of Corporation of Tallahas Ionroe Stree ee, FL 32303	ssee t, Suite 810	

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u per busics ARIKIASORC	Y COMPANY	H24000371341			
ARTICLE I - Name: The name of the Limited Liability	Company is:				
LCW I	Little Road, LLC				
(Must contain	the words "Limited Liabilit	ty Company, "L.L.C.,"	or "LLC.")		
ARTICLE II - Address: The mailing address and street add	ress of the principal office of	f the Limited Liability	Company is:		
<u>Principal</u>	Office Address:		Mailing Address	<u>i</u> :	
4064 COLONY RD. STE.	4064 COLONY RD.	4064 COLONY RD. STEL 315 CHARLOTTE NC 2821			
		3 725	લક્	5 Fr 1	,
			<u> </u>	<u> </u>	
ARTICLE III - Registered Agent The Limited Liability Company canother business entity with an act	innot serve as its own Regist	istered Agent's Signa cred Agent. You must	ture: designate an indivi	iduaļ oŗ	۲.,
The name and the Florida street ad		p e v	2		
	Capitol Corporate S	ervices, Inc.			3
	Namo	2			1
	515 East Park Aven	ue 2nd Fl			7
	Florida street address (P.O.	Box NOT acceptable)		٠.,
	Tallahassee FL 32	2301		· · ·	
•	City S	State	Zip	-	

llaving 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..

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLLAMBE	" = Authorized Mem	ber	Name and Add	iress:			
MGR MGR	= Manager		RYAN HANKS 4064 COLONY	RD. S	TE∯315 CH	HARLOTTE NC 28	821
						. (- -
				: :. :(,
(Use att	achment if necessary)	l				•	
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