## lorida Department of s

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 : (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.\*\*.

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## FLORIDA LIMITED LIABILITY CO.

## LCW Westwood Square, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	- \$155.00

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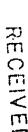
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	COVER LET	TTER	H24000371334 3
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Di	ision of Cos por actors	$\overline{\kappa}$ $\overline{\Gamma}$	•
SUBJECT:	LCW Westwood Square, LLC	.K .	,
	Name of Limited Liab	ility Company	
		, <sub>'</sub> , <del>'</del>	
The enclose	d Articles of Organization and fee(s) are submitte	ed for filing.	
Please retur	all correspondence concerning this matter to the	following:	•
	ZDIOTENI DEDNIOTEINI	t* .,	
	KRISTEN BERNSTEIN	•	· · · · · · · · · · · · · · · · · · ·
	Name o	of Person	
	Capitol Services - Corporate Filing	s Team	
•	_ ·	ompany	
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	Tallahassee, FL 32301		10-11
	City/State 8 KRISTEN@MADISONCAPGROUI	nd Zip Code≭ P.COM : 1/ 110	
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For further in	ormation concerning this matter, please call:	. 6 - 29 . 30 - 32	
		. 20 32	
	<sub>at (</sub> 855	չ 498 - 5500	
_	Name of Person Area Code	Daytime Telephone Numb	<del></del> per
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	Mailing Address	Street Address	
•	Amendment Section	Amendment Section	
ŗ.	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Su	(a 910 - 1 · ·
	Tallahassee, FL 32314	Tallahassee, FL 32303	IIC 01U
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LCW Westwood Square, LL	C	
(Must contain the words "Limited Liability		
ARTICLE II - Address: The mailing address and street address of the principal office of t	the Limited Liability Company is:	
Principal Office Address:	Mailing Addre	<del>255</del> :
, ghe,4064,COLONY RD. STE. 315 CHARLOTTE NG 28211	4064 COLONY RD. STER 315 CHARL	OTTE NC, 28211 -
dengrated  accuracy	·	7.
All many m	) 0°	
he name and the Florida street address of the registered agent a	re:	
•		· 1
Capitol Corporate Se	ervices, inc.	
515 East Park Avenu	e 2nd Fl	
Florida street address (P.O. F.	Box NOT acceptable)	• •
Tallahassee FL 320	301	
City St	ate Zip	-
Post the		
aving been named as registered agent and to accept service of proace designated in this certificate, I hereby accept the appointment of the agent the appointment of the agent the agent the provisions of all statutes relating to a familiar with and accept the obligations of my position as registal.	as registered agent and agree to act in the proper and complete performance	n this capacity. I e of my duties, and 605, F.S., etary on beh
nce designated in this certificate, I hereby accept the appointment ther agree to comply with the provisions of all statutes relating to familiar with and accept the obligations of my position as registations.	as registered agent and agree to act in the proper and complete performance ered agent as provided for in Chapter Kim Tadlock, Asst. Secr	n this capacity. I e of my duties, and 605, F.S., etary on beh
ace designated in this certificate, I hereby accept the appointment of the agree to comply with the provisions of all statutes relating to a familiar with and accept the obligations of my position as registal.    With a color of the color	as registered agent and agree to act in the proper and complete performance ered agent as provided for in Chapter Kim Tadlock, Asst. Secrof Capitol Corporate Secutives Signature (REQUIRED)	n this capacity. I e of my duties, and 605, F.S., etary on beh
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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	RYAN HANKS 4064 COLONY RD	STE∳315	CHARLOTTE NC 28211
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		_;	<u> </u>
	· .	18.6 (2) (3)	
			_ (OPTIONAL)
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FICLE V: Effective date, if other than the date of film effective date is listed, the date must be specific date of filing.)  te: If the date inserted in this block does not meet to document's effective date on the Department of St.  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	the applicable statutory filinate's records.  To an authorized repress accordance with section 6 formation submitted in a doc	five busing requires	nents, this date will not be list fa member.  (b), Florida Statutes.

Filing Fees:

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

\$ 5.00 Certificate of Status (Optional)

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