TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

L9500000865

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

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SUBJECT: _	((LHP, LC Proposed limited liability com	pany name - must include suff	ix)
Enclosed is an or	riginal a	nd one (1) copy of the a	rticles of organization ar	nd a check for :
\$285.00 Filing Fee & Registered Agent designa	ıtion	\$293.75 Filing Fee, Registered Agent Designation & Certificate	\$337.50 Filing Fee, Registered Agent Designation & Certified Copy	\$346.25 Filing Fee, Registered Agent Designation, Certified Copy & Certificate
FROM: _	Keck, 1201	Mahin & Cate New York Avenue, N. Add ngton, D.C. 20005-	w., Penthouse	WILLAND BY CHECKION OF
	(202)	11/13/15		
N	ሰ ፐፑ፣	Please provide the orig	inal and one copy of th	ne articles

ARTICLES OF ORGANIZATION FOR LHP, LC

ARTICLE I - Name

The name of the Limited Liability Company is:

LHP, LC

ARTICLE II - Address:

The state of the s The mailing address and street address of the principal office of the Limited Liability Company is:

> 9942 NW 6th Place Plantation, FL 33324

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Through December 31, 2045

ARTICLE IV - Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

> Daniel L. Lang 211 E. 70th Street Apartment 33D New York, New York 10021

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

DESIGNATION OF REGISTERED AGENT

The following person is hereby designated the registered agent for LHP, LC at the registered office set forth below:

Robert Harris 9942 NW 6th Place Plantation, FL 33324

The undersigned, Robert Harris hereby accepts appointment as the registered agent for LHP, LC.

Robert Harris

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of LHP LC deposes and says:

- the above named limited liability company has at least two members 1)
- the total amount of cash contributed by the member(s) is \$____100.00. 2)
- if any, the agreed value of aproperty other than 3) cash contributed by member(s) is A description of the property is attached and made a part hereto
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$460,000.00.
- the total amount of 2, 3, and 4 is 5)

\$<u>460,100.00</u>.

Signature of a member or authorized representative of a member (In accordance with section 608,408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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FROM: _	Stanley S. Jutkowitz, Es Name (Prin Keck, Mahin & Cate 1201 New York Avenue, N.	ited or typed)			
-	Address				
	Washington, D.C. 20005-3919				
-	City, State & Zip				
-	(202) 789-8936 Daytime Tele	phone number			

NOTE: Please provide the original and one copy of the articles.

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY 🚜 ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

ILING FEE	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee	_
\$ 238.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE	_
1 Name and Mail of Limited Liab	ng Address DOCUMENT #19500000865	

LHP,	LC			
9942	NW	6ТН	PI	LACE
PLANT	[TAT	ОИ	FL	33324

9942 NW 6TH PLACE PLANTATION FL 33324

1a. Principal Place of Business Address

2 Principal Place of Business Suite, Apt. #. otc City & State		2a. Mailing Add	a through incorrect information and enter correction in Block 2a 2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation		
					11/08/1995	FL		
		Suite, Apt. #, of	c		4. FEI Number	Applied For		
		City & State	City & State		65-0631415	Not Applicable		
		I Saura		···	5. Date of Last Report	6. Certificate of Status Desired		
Zip	Country	Zip Country		u y		Additional Fee Required		
7. Name and Address of Current Registered Agent					8. Name and Address of New Registered Agent			
	ROBERT			Name				
	V 6TH PLACE FION FL 33324			Street Address	(P.O. Box Number is Not Accepts	ole)		
				Suite, Apt #, et	° 1 D C -04/1	1001787181 9/9601040023		
				City		39.99 ****238.79		

as registered agent, and accept the obligations

SIGNATURE _ (Registered Agent Accepting Appointment): (NOTE: Registered Agent signature required whon revisiting) ;J. Title City, State and Zip Code **Businesa Street Address** Managing Members/Managers

211 EAST 70TH STREET APT. NEW YORK NY MGRM LANG, DANIEL L PLANTATION FL MGRM HARRIS, ROBERT F 9942 NW 6 PLACE

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3) (k), Florida Statutes I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

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Robert F. HARRIS

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