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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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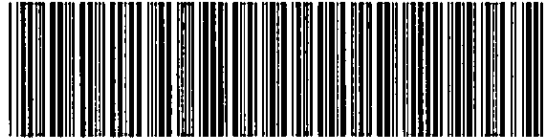
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX

JAN 08 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Labrador Properties South, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Emily Bateman

Name of Person

Labrador Properties South, LLC

Firm/Company

9805 York Road, Suite B #249

Address

Cockeysville, MD 21030

City/State and Zip Code

emily@labradorlending.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Bateman

Name of Contact Person

at ( 410 ) 472-0837

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Labrador Properties South, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Maryland

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3638109

(FEI number, if applicable)

4. 12/1/19

(Date first transacted business in Florida, if prior to registration )  
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. 9508 York Road

(Street Address of Principal Office)

6. 9508 York Road

(Mailing Address)

Suite B, #249

Suite B, #249

Cockeysville, MD 21030

Cockeysville, MD 21030

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

, Florida

33702

(Zip code)

SECRETARY OF STATE  
ALABAMA  
33702

2019 DEC -9 PM 1:46

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Registered agent's acceptance:

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Tom Glover

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: James Bateman

☒ Member Address: 9805 York Road

☐ Authorized Suite B, #249

Person Cockeysville, MD 21030

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Emily Bateman

☐ Member Address: 9805 York Road

☒ Authorized Suite B, #249

Person Cockeysville, MD 21030

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_


Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person

Emily Bateman  
Typed or printed name of signer

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 1 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

**Articles of Organization**  
for  
**LABRADOR PROPERTIES SOUTH, LLC**

(Department ID: **W20077525**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this November 13, 2019.



Michael L. Higgs  
Director



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

## ARTICLES OF ORGANIZATION

The undersigned, with the intention of creating a Maryland Limited Liability Company files the following Articles of Organization:

(1) The name of the Limited Liability Company is:

Labrador Properties South, LLC (W20077525)

(2) The address of the Limited Liability Company in Maryland is:

9805 York Road, Suite B #249, Cockeysville, MD, 21030

(3) The Resident Agent of the Limited Liability Company in Maryland is:

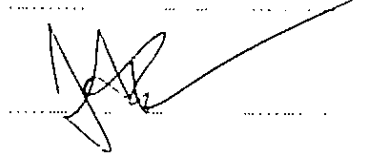
James A Bateman

whose address is:

9805 York Road, Suite B #249, Cockeysville, MD, 21030

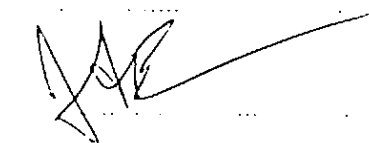
(4) Signature(s) of Authorized Person(s):

James A. Bateman



(5) Signature(s) of Resident Agent(s):

James A Bateman



(6) Filing party's name and return address:

Mr. James A Bateman, 9805 York Road, Suite B #249,  
Cockeysville, MD, 21030

I hereby consent to my designation in this document.

LABRADOR PROPERTIES SOUTH, LLC: W20077525

Logged in as: batemanjames

Department ID Number: W20077525

Business Name: LABRADOR PROPERTIES SOUTH, LLC

Principal Office: 9805 YORK ROAD  
SUITE B #249  
COCKEYSVILLE MD 21030

Resident Agent: JAMES A BATEMAN  
9805 YORK ROAD  
SUITE B #249  
COCKEYSVILLE MD 21030

Status: ACTIVE

Good Standing: THIS BUSINESS IS IN GOOD STANDING

Business Type: DOMESTIC LLC

Business Code: 20 ENTITIES OTHER THAN CORPORATIONS

Date of Formation/ Registration: 11/08/2019

State of Formation: MD

Stock Status: N/A

Close Status: N/A

<https://e.gov.maryland.gov>