P22000052433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 771589 7634212

AUTHORIZATION : Lynell Coleman

COST LIMIT : $ 125.00

ORDER DATE : June 24, 2022

ORDER TIME : 9:46 AM

ORDER NO. : 771589-005

CUSTOMER NO: 7634212

DOMESTIC FILING

NAME: LIGHTHOUSE POINT VENTURES LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is

LIGHTHOUSE POINT VENTURES LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
40 SW 13th Street Suite 802	40 SW 13th Street Suite 802
Miami, FL, 33130	Miami, FL, 33130

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dymax International Services Inc.
Name

40 SW 13th Street Suite 802
Florida street address (P.O. Box **NOT** acceptable)

Miami,	FL	33130
City	State	Zip

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 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" – Authorized Member "MGR" – Manager	
MGR	LOREDANE ALBERTI 40 SW 13th Street Suite 802 Miami, FL, 33130

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

_____

REQUIRED SIGNATURE: Loredanne Alberti

Signature of a member or an authorized representative of a member.
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.

LOREDANE ALBERTI
Typed or printed name of signee