## Florida Department of State

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.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. LCW South Goldenrod Rd, LLC

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Certified Copy	1
Page Count	04
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## **COVER LETTER**

TO: New Filing Sec Division of Co				
SUBJECT: LCV	W South Goldenrod R	d, LLC		
	Name of Lim	ited Liabili	ty Company	
The enclosed Articles of	f Organization and fee(s) are	: submitted	for filing.	
Please return all corresp	ondence concerning this ma	tter to the fo	ollowing:	
KRISTE	N BERNSTEIN			
		Name of	Person	
Capitol S	Services - Corporate	Filings	Team	
		Firm/Cor	прапу	
515 East	t Park Avenue 2nd f	=1		
		Addre	<b>588</b>	
Tallahas	see, FL 32301		·	
KRISTEI	ci N@MADISONCAPO	ity/State and GROUP.	=	
	E-mail address: (to be used	for future a	nnual report notificati	on)
For further information co	ncerning this matter, please	call:		
		855	498 - 5500	
Nam	ne of Person Ar	ea Code	Daytime Telephon	Number
Enclosed is a check for t	he following amount:			
\$1 25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	O Filing Fee & Land Copy Il copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailir</u>	ng Address	į	Street Address	
Divisi P.O. E	dment Section ion of Corporations Box 6327 nassee, FL 32314	] •	Amendment Section Division of Corpora The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	tions nass <del>ec</del> eet, Suite 810

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## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LC	W South Goldenrod Rd,	LLC		
(Must cor	tain 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:		
Princi	oal Office Address:	Malling Address:		
4064 COLONY RD. ST	E. 315 CHARLOTTE NC 28211	4064 COLONY RD, STE, 315 CHARLOTTE NC 28211		
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-			-	
(The Limited Liability Compan		stered Agent's Signature: red Agent. You must designate an individual or	. 21	₹
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registe	red Agent. You must designate an individual or	2024	SEC FALL
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registe active Florida registration.)	red Agent. You must designate an individual or	2024 JAN	SECRE: FALLAH
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registe active Florida registration.) address of the registered agent a	red Agent. You must designate an individual or	2024 JAN - E	SECRETAR FALLAHAS!
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registe active Florida registration.)  address of the registered agent a Capitol Corporate Se	red Agent. You must designate an individual or re:	œ	SECRETARY C FALLAHASSEE
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.)  address of the registered agent a Capitol Corporate Servame	red Agent. You must designate an individual or re: ervices, Inc.	8 PH	SECRETARY OF S FALLAHASSEE, FL
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.)  address of the registered agent at Capitol Corporate Servame  Name  515 East Park Avenuation Florida street address (P.O. I	red Agent. You must designate an individual or re: ervices, Inc.	œ	SECRETARY OF STATE

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Citie:</u> 'AMDD" — Av	uthorized Member	Name and Address:	
MGR" = Man			
MGR		RYAN HANKS	
		4064 COLONY RD. STE. 315 CHARLOTTE NC 28	
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