

**L21000500034**

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 : WALSH BANKS LAW  
Account Number : I20210000008  
Phone : (407) 259-2426  
Fax Number : (407) 391-3626

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: service@walshbanks.com

**FLORIDA LIMITED LIABILITY CO.  
US 27 LAKE WALES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

10  
2011 NOV 23 PM 1:03

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: US 27 LAKE WALES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

BRIAN M. WALSH  
Name of Person

---

Walsh Banks Law  
Firm/Company

---

PO Box 2271  
Address

---

Orlando, FL 32802  
City/State and Zip Code

---

SERVICE@WALSHBANKS.COM  
E-mail address: (to be used for future annual report notification)

2021 NOV 23 PM 1:03  
 RECEIVED  
 11 23 2021

For further information concerning this matter, please call.

Brian M. Walsh, Esq      407      259-2426  
 Name of Person      at (Area Code)      Daytime Telephone Number

Enclosed is a check for the following amount.

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<p><b><u>Mailing Address</u></b>          New Filing Section          Division of Corporations          P.O. Box 6327          Tallahassee, FL 32314</p>	<p><b><u>Street Address</u></b>          New Filing Section Division          The Centre of Tallahassee          2415 N. Monroe Street, Suite 810          Tallahassee, FL 32303</p>
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

US 27 LAKE WALES 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:

8107 Vineland Ave  
Orlando, FL 32821

8 Landfall Cir  
East Hampton, NY 11937

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:

Walsh Banks Law  
Name

228 Hillcrest St  
Florida street address (P.O. Box **NOT** acceptable)


Orlando                      FL                      32801  
City                              State                      Zip

St.  
HILLCREST, FL

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11/23/21

*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

Robert White  
c/o 228 Hillcrest St  
Orlando, FL 32801

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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S  
HILLCREST ST  
ORLANDO, FL 32801

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

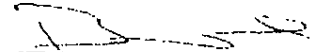
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



**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.

Brian Walsh

Typed or printed name of signee

**Filing Fees:**

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